



## Request for First Words Presentation or Event

Please complete and return request form by email : [first.words@pqchc.com](mailto:first.words@pqchc.com)  
or by fax: 613-820-7427

*Requests will be considered and replies will be provided within a 2 week period.  
Not all requests can be accommodated.*

**Section A: to be completed by requesting agency or program**

Date: \_\_\_\_\_

Agency and program name: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Service Requested (circle or check off)

**Informal playgroup visits**

Audience: Parents / Caregivers

Audience: Caregivers Only

**Workshops for parents/caregivers (min: 10 participants)**

Baby Talk

Growing Up with Many Languages

Talk by 2!

Talking Kids

**Workshops for professionals (min. # of. participants required)**

Learning Language and Loving It™ The Hanen Program®

Teacher Talk™ The Hanen Centre®

First Words 101

Talk by 2!

First Words on Books and Storytelling

Books, Games and Songs to promote language development

Engaging Young Children in Communication

Other: (list your required needs) \_\_\_\_\_

**Speaking Engagements / Presentations (min. # of. participants required)**

Staff Meeting

Conference

ECE Students

Primary Care Professionals

Date(s) and time(s) requested: \_\_\_\_\_ I would like this service delivered in: English / French

Specify other times that may work for this request: \_\_\_\_\_

\_\_\_\_\_

## Location Details

**Address:** \_\_\_\_\_ **Room name/number:** \_\_\_\_\_  
**Parking available onsite:** Y/N      **Free?** Y/N      **Details:** \_\_\_\_\_  
**Program name:** \_\_\_\_\_  
**Audience:**  
 parents  caregivers  with children  professionals; specify: \_\_\_\_\_  
**Commonly spoken languages used by the adults attending: (list all that apply):** \_\_\_\_\_  
**Program/event runtime: start:** \_\_\_\_\_ **– finish:** \_\_\_\_\_  
**Arrival of facilitator: (time)** \_\_\_\_\_  
**Available audio-visual equipment: Select all that apply –**  projector  screen  tv/dvd  WIFI  other \_\_\_\_\_  
**Additional details for the facilitator:** \_\_\_\_\_

### Section B: to be completed by First Words

#### Responsibilities

##### Requesting agency:

- Room booking and associated fees
- Promotion and registration of participants
- Confirm attendance and contact facilitator 2 days prior to workshop/event
- Set up audio-visual equipment( if necessary)
- Room set-up
- Provide a minimum of 24hrs notice to the facilitator in the event of cancellation
- Provide honorarium to cover costs of materials (if requested) \_\_\_\_\_
- Provide / distribute evaluation form
- Other: \_\_\_\_\_

##### First Words:

- Provide a description of the workshop / event
- Prepare promotional material (if requested)
- Promotion of the visit/event on the First Words website (if appropriate)
- Prepare all necessary material / handouts / resources
- Provide as much notice as possible in the event of cancellation
- Bring audio-visual equipment (if needed)
- Provide / distribute evaluation form
- Other: \_\_\_\_\_

#### FOR OFFICE USE ONLY: Request confirmation

**Can the request be accommodated?** Y/N      **Reason:** \_\_\_\_\_  
**Confirmed date:** \_\_\_\_\_  
**Facilitator's name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_      **Email:** \_\_\_\_\_

First Words Preschool Speech and Language Program of Ottawa

*an integrated partnership*

