



Custom Request Form

For requests related to Stephenson Road books, resources, emotional-learning materials, or programming that do not clearly fit Bulk Book Orders or Guided Programs & Discussions.

How to Submit This Form

1. Complete the form (click into each field to type).
2. Save the completed PDF to your device.
3. Email the completed form to stephensonroadpub@gmail.com.
4. Use the subject line: "Custom Request"

Stephenson Road will review the request and follow up with next steps.

Please do not include confidential or personally identifiable information about children, students, clients, patients, or other participants.

Section 1: Contact Information

Contact Name *

Job Title / Role (optional)

Organization Name *

Organization Type

- | | |
|--|---|
| ☐ School | ☐ Library |
| ☐ Counseling/Mental Health Practice | ☐ Clinic |
| ☐ Nonprofit | ☐ Community Organization |
| ☐ Senior/Intergenerational Program | ☐ Parent/Family Organization |

Other (please specify) (optional)

Email Address *

Organization Website (optional)

Section 2: Type of Request

Which best describes your request?

- | | |
|--|--|
| ☐ Books/materials | ☐ Educational resource |
| ☐ Group activity | ☐ Community program |
| ☐ Event-related request | ☐ Partnership/collaboration idea |
| ☐ Combination of services | ☐ Not sure how to categorize my request |

Other (please specify) (optional)

Section 3: Audience

Who is the request intended to serve?



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Social-Emotional Learning Resources

- | | |
|---|--|
| ☐ Children | ☐ Adolescents |
| ☐ Parents/caregivers | ☐ Educators |
| ☐ Counselors/mental health professionals | ☐ Adults |
| ☐ Seniors | ☐ Intergenerational group |
| ☐ Community members | |

Other (please specify) (optional)

Estimated number of people, if applicable (optional)

Approximate age range, if applicable (optional)

Section 4: Request Description

Please describe what you have in mind.

Tell us what you are hoping to accomplish, what Stephenson Road materials or services you are interested in, and what you would like the final experience or resource to look like.

Description *

Section 5: Goals

What is the primary goal of this request?

- | | |
|---|---|
| ☐ Emotional-learning support | ☐ Educational activity |
| ☐ Community engagement | ☐ Book/resource use |
| ☐ Special event | ☐ Group discussion |
| ☐ Positive-thinking activity | |

Other (please specify) (optional)

Section 6: Timing

Desired date/timeframe *

Is the timeframe:

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| ☐ Flexible | ☐ Preferred | ☐ Required |
|-----------------------------------|------------------------------------|-----------------------------------|

Event/program date, if applicable (optional)

Section 7: Location / Format

City (optional)

State (optional)

Preferred format, if applicable:

- | | |
|---|-----------------------------------|
| ☐ In person | ☐ Virtual |
| ☐ Resource/material only | ☐ Not sure |

Section 8: Additional Information



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Anything else we should consider when reviewing your request? (optional)

Please do not include confidential, medical, educational, or personally identifiable information about individual participants.

Stephenson Road reviews custom requests individually to determine whether they align with our books, resources, emotional-learning focus, availability, and capabilities. Submission of this form does not guarantee acceptance. If the request appears to be a good fit, Stephenson Road will contact you to discuss next steps, timing, and any associated costs.