



Guided Program & Discussion Request Form

For organizations interested in a guided discussion, activity, or learning experience connected to Stephenson Road books or resources. This form helps us understand your audience, setting, goals, and timeframe.

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: "Guided Program 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: Audience

Who would participate?

- | | |
|--|---|
| ☐ Elementary-age children | ☐ Middle-school-age youth |
| ☐ High-school-age youth | ☐ Parents/caregivers |
| ☐ Educators | ☐ Counselors/mental health professionals |
| ☐ Adults | ☐ Seniors |
| ☐ Intergenerational group | ☐ Mixed community group |

Other (please specify) (optional)

Estimated number of participants *

Approximate age range, if applicable (optional)



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Section 3: Setting

Where would the program or discussion take place?

- | | |
|--|---|
| ☐ School/classroom | ☐ Library |
| ☐ Counseling/clinical setting | ☐ Community organization |
| ☐ Nonprofit program | ☐ Senior program |
| ☐ Community event | ☐ Virtual |

Other (please specify) (optional)

City (optional)

State (optional)

Section 4: Area of Interest

What are you interested in exploring with your group?

- | | |
|---|--|
| ☐ Friendship/social skills | ☐ Self-confidence/believing in yourself |
| ☐ Positive thinking | ☐ Emotional awareness |
| ☐ Coping with difficult emotions | ☐ Communication |
| ☐ Resilience | ☐ Book-based discussion |
| ☐ Guided activity | ☐ Not sure yet |

Other (please specify) (optional)

Section 5: Stephenson Road Materials

Is there a particular Stephenson Road book or resource you would like the program to include?

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| ☐ Yes | ☐ No | ☐ Not sure |
|------------------------------|-----------------------------|-----------------------------------|

If yes, which book/resource? (optional)

Section 6: Goals

What would you like participants to gain from this experience? (optional)

Section 7: Timing

Preferred date or timeframe *

Is the date:

- | | | |
|-----------------------------------|------------------------------------|---|
| ☐ Flexible | ☐ Preferred | ☐ Required because of an event/program |
|-----------------------------------|------------------------------------|---|

Approximate amount of time available for the activity/program:

- | | |
|---|--|
| ☐ Under 30 minutes | ☐ 30–60 minutes |
| ☐ 60–90 minutes | ☐ Longer |
| ☐ Not sure yet | |

Section 8: Format

Do you have a preferred format?



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☐ In person

☐ Virtual

☐ Either

☐ Not sure yet

Section 9: Additional Information

Is there anything else you would like us to know about your group, goals, or request? (optional)

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

Guided program and discussion requests are reviewed individually. Submitting this form does not guarantee availability or scheduling. Stephenson Road will review the request and contact you regarding possible format, timing, pricing, and next steps.