



This event is presented by the CESA 6 Title I Quality Program Support Network

QUALITY PROGRAM SUPPORT — BEGINNING OF YEAR TITLE I DATA AND PROGRAM EFFICACY

MONDAY, SEPTEMBER 29, 2014 @ 9:00 A.M. - 2:30 P.M.

PRESENTERS:

KATHY SCHMITT, CESA 6 LITERACY CENTER DIRECTOR
NICOLE LEHR, LITERACY CENTER COORDINATOR — ANNE PAGEL, LITERACY CENTER COORDINATOR
MARY ANN HUDZIAK, TITLE I STATEWIDE NETWORK COORDINATOR & ESEA SUPPORT NETWORK

Description:

This workshop session will include general sessions and break-out sessions, all designed to support the Title I Pathways of attendees.

Objectives:

- Beginning of Year Data Collection – Identify the type of data, source of data, and method of gathering data to measure and monitor your Title I Pathway
- Program Efficacy – Specify the criteria for effectiveness of the program(s) involved in your Title I Pathway
- Increase your knowledge, skills and dispositions specific to your Title I Pathway.

Who should attend?

This workshop is only for schools receiving QPS Title I services. All teachers and leaders involved in the school’s Title I Pathway are encouraged to attend.

For additional information contact:

Kathy Schmitt, CESA 6 Literacy Center Director; kschmitt@cesa6.org or 920.573.2676

Registration Details

- **Date:** September 29, 2014
- **Registration Fee:**
 - ✓ \$10 for CESA 6 Title I Quality Program Support Districts
 - ✓ Fee includes materials, lunch & snacks
- **Time:** 9:00 a.m. - 2:30 p.m.
- **Onsite check-in:** 8:30 a.m. - 9:00 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44; Oshkosh, WI 54904
- **Registration Deadline:**
September 15, 2014
- **Online registration:**
http://www.cesa6.org/prof_dev/

Cancellation Policy: Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

Quality Program Support—Beginning of Year: Title I Data and Program Efficacy September 29, 2014

Participant Name(s) _____

Position(s) _____ District _____

Phone (Work) _____ (Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____ Special accommodations or dietary needs _____

**To Register: Go to http://www.cesa6.org/prof_dev/ or send completed form to:
Sue Christensen, Program Assistant,
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478**

Please check one:

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # _____
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____ 3 Digit Code on Back of Card _____