



This event is presented by the CESA 6 Language and Culture Center

ACCESS for ELLs® Test Administrators Certification Workshop

Thursday, October 22, 2014 • 9 am - 3 pm

Trainer: Chris Steeno

Description

Individuals administering this state-mandated test must be certified. Participants registering can separately train for one, two, or three different areas of the full test battery:

- The group administered components - Listening, Reading, and Writing
- The Speaking test component
- The Kindergarten test component



The choice of which areas to train in should be determined by the responsibilities you have been assigned for testing by your district or school coordinator. This training will utilize group opportunities to prepare and answer questions on the certification quizzes. Time will be given to take the needed test(s) for certification.

Participants will need to bring a laptop to complete the training and access the quizzes on the internet.

Workshop Objectives

- The goal of this workshop is to certify you as a Test Administrator for the ACCESS for ELLs™.

Who should attend?

- Anyone who will be responsible for administering the ACCESS for ELLs test to English Language Learners.

For additional information contact:

Tere Masiarchin, CESA 6 ELL/Global Languages Coordinator -
tmasiarchin@cesa6.org or 920.236.0548

Registration Details

- **Date:** October 22, 2014
- **Registration Fee:**
 - ✓ \$75.00 per participant for Title III Consortium Members
 - ✓ \$165.00 per participant for Non-Consortium Members
 - ✓ Fee includes materials, continental breakfast and lunch
- **Time:** 9 am - 3 pm
- **Onsite check-in:** 8:30 am - 9 am
- **Location:**

CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:** October 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.

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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:
Debbie Pinkerton, 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 _____