



This event is presented by the CESA 6 Special Education Services Center

# CESA 6 Day School Introduction Meeting

Thursday, December 11, 2014 • Noon - 2:00 p.m.

**Presenter: Randy Hughes**  
CESA 6 Day School Coordinator

### Description

The purpose of this meeting will be to introduce school districts to the CESA 6 Day School for students struggling with Mental Health issues.

### Workshop objectives

- Learn about the partnership between CESA 6 and Catalpa Health Services and the role each of them play.
- Develop an understanding of how the program works including what students are served, the structure of the school, what services are provided, and the cost.



### Who should attend?

- District Administrators, Directors of Teaching and Learning, Directors of Special Education, and School District Business Managers
- Anyone who wants to learn more about the CESA 6 day school program

### For additional information contact:

Randy Hughes, CESA 6 Day School Coordinator - rhughes@cesa6.org or 920-236-0886

### Registration Details

- **Dates:** December 11, 2014
- **Registration fee:** FREE
- **Time:** Noon - 2:00 p.m.
- **Onsite check-in:** 11:30 a.m. - Noon
- **Location:**  
CESA 6 Conference Center  
2300 State Road 44  
Oshkosh WI 54903
- **Registration includes materials, lunch and a snack**
- **Registration deadline:** December 4, 2014
- **Online registration:** [http://www.cesa6.org/prof\\_dev/](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 reserved the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

### CESA 6 Day School Introduction Meeting December 11, 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/](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 and state ZIP) \_\_\_\_\_

Credit Card Type (VISA, MasterCard, etc.) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_

