



Serving all CESA 6 Districts: Effectiveness Project[®] and Wisconsin educator effectiveness

Effectiveness Project[®] Central Office Performance Evaluation System (COPES)

Audience for COPES Training: Central Office professionals (Directors of : C&I, Pupil Services, Human Resources & Business, Technology, Buildings & Grounds, and Superintendents or others responsible for evaluating Central Office personnel

**AM Session: 8:30 a.m. – Noon
(Optional PM session—see below)**

Description

This half-day training targets both evaluators and evaluatees participating in a district’s Central Office Evaluation System (COPES). Participants will learn the nitty-gritty information for implementing COPES at the district level and leave confident in using MyLearningPlan.

**PM Session: (Optional) MyLearningPlan Support and Networking
Lunch**

12:15 p.m.—2:15 p.m.

Description

One-on-One or Small Group MyLearningPlan OASYS Support designed for those wishing to stay for additional MyLearningPlan support. The goal of the afternoon will be for individuals to be comfortable in access and completing forms as an evaluator or evaluatee.

Registration Details

Training Dates

**CESA 6 (Oshkosh): Half day COPES training with optional PM MLP OASYS Support
February 18, 2015**

**CESA 4 (West Salem): Half day COPES training with optional PM MLP OASYS Support
January 15, 2015**

**CESA 5 (Portage) Half day COPES training with optional PM MLP OASYS Support
February 5, 2015**

**CESA 9 (Tomahawk): Half day COPES training with optional PM MLP OASYS Support
March 19, 2015**

Registration: www.myquickreg.com

**Cost per user (one-time cost): 1 = \$400
2 = \$750 3 = \$1,050
4 = \$1,300 5+ = \$1,500**

Cancellation Policy: Any registration cancellation must be received 48 business 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.

_____ CESA 6 Jan 14 _____ CESA 5 Feb 5 _____ CESA 9 Mar 19
_____ CESA 4 Jan 15 _____ CESA 6 Feb 18

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.myquickreg.com> or send completed form to:
Anne Kirk, Administrative Assistant
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-236-0580**

- 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 _____