



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

Effectiveness Project[®] MyLearningPlan TeamTalk

May 20, 2015

Training Description

The purpose of MLP TeamTalk is to support your district's MLP team in deepening the team's collective knowledge about our system to empower your organization in fully maximizing all applicable features in support of your district's goals and best practices. MLP will facilitate sharing across districts and respond to your specific questions and interest areas.

To get the most out of this free learning opportunity, we strongly encourage districts to send two or more individuals who are regular users of My Learning Plan OASYS.

Schedule

MLP OASYS 8:30 – 11:30 a.m.
Networking Lunch 11:30 a.m. – 12:15 p.m.

Technology

Please bring your laptop or tablet to this session.

More Information

Cathy Clarksen, Effectiveness Project Coordinator
cclarksen@cesa6.org, (920) 651-3513

Julie Holbrook, Effectiveness Project Coordinator
jholbrook@cesa6.org, (920) 573-2503

Registration Details

May 20, 2015
CESA 6 Conference Center
2300 State Hwy. 44
Oshkosh, WI 54904

Please register at
www.myquickreg.com

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.

MyLearning Plan TeamTalk

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:
Beth Oosterhous, Program Assistant
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478

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 _____