

This training is presented by the CESA 6 Literacy Center

Secondary Literacy Intervention Network

October 2, 2013; January 21, April 9, May 7, 2014

9 a.m.—2 p.m.

Presenter: Kathy Schmitt

CESA 6 Literacy Center Coordinator

Description

In a networking environment, members will explore secondary models of supporting readers and writers in content area classrooms, small group environments, and individual tutoring sessions.



Workshop Objectives

- Raising the reading and writing levels of students in the content area classrooms.
- Small group intervention program designs.
- Individual tutoring program designs.
- Tracking efficiency of programming through the universal level (content area classrooms)
- Establishing fidelity criteria for selected interventions
- Developing a system for securing, monitoring and maintaining fidelity

Registration Details

- Date: Oct 2, 2013; Jan 21, April 9, May 7, 2014
- Registration Fee:
 - √ \$125 per day; or \$475 for all 4 days per participant;
 - $\sqrt{}$ Fee includes materials and lunch.
- Time: 9:00 a.m. 2:00 p.m.
- Onsite check-in: 8:45 9:00 a.m.
- Location: CESA 6 Conference Center
 2300 State Road 44, Oshkosh WI 54903
- Registration Deadline: September 27, 2013
- Online registration:

Who should attend:

Grades 6-12 teachers working directly with at-risk students in reading and writing...

For additional information contact: Kathy Schmitt, CESA 6 Literacy Center Coordinator, 920.236.0562

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.

Secondary Intervention Netw Oct 2, 2013; Jan 21, April 9, M	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		
Participant Name(s)		,	
Position(s)	District	Cardholder Name Cardholder Address (include city, state ZIP)	
Phone (Work)	(Home)		
Would you like to be notified by email of future CESA 6 training sessions? ☐ Yes ☐ No		Credit Card Type (VISA, MasterCard, etc.)	
Email Address	Special accommodations or dietary needs	Credit Card Number	
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