



Mentor Foundation Training

Wednesday, August 20, 2014 • 9:00 a.m. - 3:00 p.m.

Eric Larsen, Coordinator of School Accountability

Workshop Description

Increase your understanding of the needs of new educators and how to effectively provide support. Increase your understanding of the Professional Development Plan guidance process.

Workshop Objectives

- Increase your understanding of the new rules/licensure of Wisconsin Educators
- Learn how the Wisconsin Educator Standards form the basis for writing and implementing the new Wisconsin Professional Development Plans
- Learn to apply elements of trust and rapport with initial educators and colleagues
- Learn how to observe lessons and provide feedback to initial educators based on the use of Educator Guiding Questions



Wisconsin Standards Emphasized

- WES 1—Teachers know the subjects they are teaching
- WES 3—Teachers understand that children learn differently
- WES 6—Teachers communicate well
- WES 9—Teachers are able to evaluate themselves
- WES 10—Teachers are connected with other teachers and the community

Who should attend?

Educators who are currently serving as mentors to Initial Educators and/or those who wish to become mentors in the future.

For additional information contact:

Eric Larsen, Coordinator of School Accountability
elarsen@cesa6.org or 920-236-0529

Registration Details

- **Date:** August 20, 2014
- **Registration Fee:**
 - \$140.00 per participant
 - Fee includes materials
- **Time:** 9:00 a.m. – 3:00 p.m.
- **Onsite check-in:** 8:30 — 9:00 a.m.
- **Location:**
CESA 6 Conference Center
SMART Thinking Room
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
August 13, 2014
- **Online registration:** http://login.myquickreg.com/event/event.cfm?eventid=9742&from_cms=1

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.k12.wi.us/prof_dev/ or send completed form to:
Amy Ruppert, 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 _____