



Summer RSN Meeting for Directors of Special Education

July 21 & 22, 2010

Come and join your colleagues from the CESA 6 region as you begin your journey into another year in the complex, always fascinating and sometimes frustrating world of special education. This session will provide you with the opportunity to work on your "Must Do-Beginning of the School Year Checklist" and discuss the many "lessons learned" from your fellow directors.

Topics to be covered include but not limited to:

Review Pupil Records Documents, LEA Representative Responsibilities, Facilitated IEPs, Indicators 1-20, Section 504 Policies, and Planning for 2010-2011.

DATES/TIME: Wednesday, July 21st 10:00AM - 7:00PM (Registration 9:30)
Evening Activity -TBD
Thursday, July 22nd 8:30AM - 3:00PM

MEETING LOCATION: Our Lady of the Lake Church Hall
530 Ruth Street, Green Lake

LODGING: Bayview Motel 439 Lake Street, Green Lake
920-294-6504

COST: No fee. Includes breakfast and lunch for both days. (Overnight stay and Wednesday dinner are not included) A block of rooms have been reserved at the rate of \$70.00 per room. Make reservations as soon as possible. Tell them you are with RSN Barb.

QUESTIONS: Contact Barb Behlen at 920-236-0551 or by email at bbehlen@cesa6.k12.wi.us

Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

Summer RSN Meeting for Directors of SE **RSVP by July 16, 2010**
July 21 & 22, 2010, Green Lake
Register on-line at http://www.cesa6.k12.wi.us/prof_dev/calendar_events.cfm

- 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 _____
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 _____

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 _____

RETURN TO:
Paula Starr, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568