



Using Extended Grade Band Standards (EGBS) for Elementary Students with Cognitive Disabilities

Tuesday, October 5, 2010

This workshop will provide teachers with the knowledge and skills needed to incorporate the Extended Grade Band Standards and Instructional Descriptors in their daily teaching and planning.

Participants will:

- ◆ Familiarize themselves with the Extended Grade Band Standards and Instructional Descriptors
- ◆ Evaluate the scope and the sequence of general education curricula to identify the portions of the content that most closely relate to the Extended Grade Band Standards
- ◆ Adapt the identified curriculum to meet specific student's needs and abilities
- ◆ Review administration of the WAA-SWD

Participants should bring 2 IEPs with names redacted and a teacher's edition for a grade level of reading and math.

Presented by: Denise Clark, UW Oshkosh & Barb Behlen, CESA 6

Time: 8:00 AM - 3:30 PM (Registration 8-8:30 AM)

Location: Royal Ridges * 1 Westgate Drive Ripon, WI 54971 * (920) 748-7095

Fee: \$95.00 per participant. Includes: training manual, continental breakfast and lunch and a Certificate of Completion

Audience: Teachers of elementary (grades 1-5) students with moderate/severe cognitive disabilities who take the Wisconsin Alternate Assessment for Students with Disabilities (WAA-SWD)

Sponsored by: CESA 6 Regional Service Network, contact is Barbara Behlen, 920-236-0551

Workshop will address: Wisconsin Pupil Services Standard 5 and State Performance Plan Indicators: 1 & 2

NOTE: MS/HS Level Workshop will be offered on October 20, 2010

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.

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Royal Ridges Conference Center - Ripon Wisconsin

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 _____

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 _____

RETURN TO:

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