



Educational Environment Code Training via ITV

Tuesday September 7, 2010

CESA 6 will participate in an ITV presentation on Educational Environments Training. This presentation is scheduled for September 7, 2010 at 1PM and will address environments for students ages 3-21.

The preschool, ages 3-5, educational environment categories for children attending a regular early childhood program have changed. The categories A1, A2, and A3 can no longer be used and are replaced by four new categories R1, R2, R3, and R4. These changes will impact Fall 2010 ISES reporting. As a result, you will need to identify and reclassify any children currently assigned to A1, A2, or A3 who will be age 3, 4, or 5 on the October 1 Child Count.

Join us for an interactive presentation on preschool environment codes and accurate reporting practices. Please note there will be time for questions and answers during the presentation.

Audience: Directors of Special Education, Program Support Teachers, and anyone who classifies and reports environment codes

Presented by: Erin Arango-Escalante & Nancy Fuhrman, DPI

Time: 1:00 - 3:00 PM (Registration 12:45 PM)

Location: CESA 6

Fee: No charge, but you must register to attend

Hosted by: Barbara Behlen, Regional Service Network, (920-236-0551/bbehlen@cesa6.k12.wi.us)
Gail Cismoski, Early Childhood Grant Coordinator (920-236-0588/gcismosk@cesa6.k12.wi.us)
Deborah Lohr, Early Childhood Program Support Teacher (920-236-0547/dlohr@cesa6.k12.wi.us)

Session will address: Indicators 5 & 6: Educational Placements Ages 3 - 21

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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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