



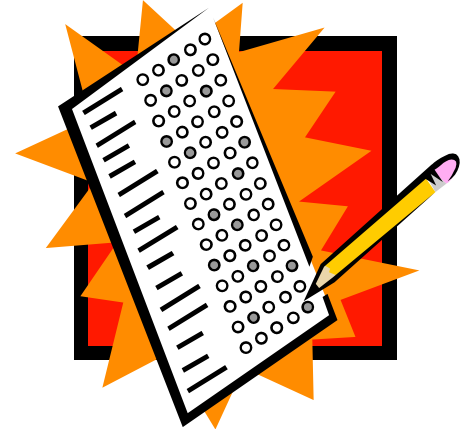
ACCESS for ELLs® Refresher Workshop

January 5, 2011

Presented by: Laury Krause

Participants in the ACCESS Refresher will...

- Review any new ACCESS testing procedures and/or information
- Review ACCESS test administration for grades 1-12 as well as Kindergarten
- Address individual needs and questions
- Increase confidence and fidelity in ACCESS test administration



- **Date:** January 5, 2011
- **Time:** 2:00 p.m. to 4:00 p.m. (Registration 1:30 p.m. to 2:00 p.m..)
- **Cost:** \$40.00 for CESA 6 Title III Consortium Members (Campbellsport, Dodgeand, Fond du Lac, Freedom, Friess Lake, Green Lake, Hartford UHS, Horicon, Kaukauna, Kewaskum, Kimberly, Little Chute, Lomira, Manawa, Markesan, Mayville, Neosho Jt 3., North Fond du Lac, Oakfield, Omro, Oshkosh, Richfield Jt 1, Rosendale-Brandon, Shiocton, Slinger, Weyauwega-Fremont, Winneconne)
- \$50.00 for NON-Consortium Members
- **Location:** CESA 6 Office - Solutions Center
- **Registration Deadline:** January 3, 2011

For Additional Information Contact:

Jo Ann Hanrahan, Coordinator of ELL Services - CESA 6 - 920-236-0517 or jhanraha@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.

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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:

Debbie Pinkerton, Program Assistant CESA 6, PO Box 2568, Oshkosh, WI 54903-2568