



PDP Writing Workshop

Thursday, November 10, 2011 ■ 8:30 am—3:30 pm

Presenter—Deb Kneser, Ph.D., Coordinator of Teaching and Learning

Location:

CESA 6 ■ 2300 State Road 44 ■ Oshkosh, WI

This workshop is specifically designed for the development of a Professional Development Plan. Initial Educators who have finished Year 1 and now will be in Year 2 of the licensure cycle will be guided in producing a plan that can lead to goal approval.

AGENDA

- Overview of PI 34
- PDP—Professional Development Planning Process, including Self-Reflection
 - ▶ Writing the Plan
 - ▶ Goal Rationale
 - ▶ Meeting the Goal through aligned objectives and activities
- Responsibilities in goal approval and annual review

Please Bring a Thumb Drive To Save Your Work!

This class is ONLY for Educators who have COMPLETED at least one year of employment under their DPI license.

Educator Standards: Emphasis on WI Educator Standard 9: Reflection on Professional Practice

Registration Fees: \$75.00/person for PI 34 Consortium member OR \$150.00/person for non-Consortium member

P.O. _____ or Check (payable to CESA 6) Amount \$ _____
(includes materials, continental breakfast, lunch)

Registration Deadline: Thursday, November 3, 2011

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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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:

Donna Runice, Program Assistant ■ CESA 6, PO Box 2568 ■ Oshkosh, WI 54903-2568 or FAX to 920-424-3478