



# Student Intervention Monitoring System (SIMS) Training

## September 30, 2011



Participants are encouraged to bring their own laptop with wireless internet access to the workshop.

**SIMS is designed to manage the documentation of student needs and interventions for all students (at-risk, GT, ELL, etc.) in areas of behavior, academics, and attendance. SIMS incorporates critical features of Rtl, including universal screening, high quality instruction, collaborative problem solving, and the use of data to make educational decisions.**

### Cost:

\$1500 per 4-person team, including one administrator. This fee covers SIMS User Training, access to the Local Administrator Training and Content Building Training, and technical assistance

**Includes Lunch**

### Registration Details:

- **Date:** September 30, 2011
- **Time:** 9:00 a.m. - 3:00 p.m.  
(Registration: 8:45 a.m. - 9:00 a.m.)
- **Location:** Moraine Park Technical College · 235 N National Avenue · Fond du Lac
- **Registration Deadline:** September 22, 2011
- **To register:** visit [http://www.cesa6.k12.wi.us/prof\\_dev/](http://www.cesa6.k12.wi.us/prof_dev/)

### Your Local SIMS contacts for CESA are:

**Cheryl Simonson**  
920.379.8958  
csimonson@cesa6.org

**Jackie Schoening**  
920.236.0515  
jschoening@cesa6.org

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

**Student Intervention Monitoring System (SIMS) Training**  
Moraine Park Technical College - 235 N National Avenue - Fond du Lac  
September 30, 2011

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:**  
Debbie Pinkerton, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568 (920) 236-0548