



# Shaken Baby Syndrome Prevention Training

## October 13, 2009

**CESA 6**  
**12:30 Registration**  
**12:45pm —4:00 pm Workshop**

**Registration Deadline: October 9, 2009**

### ***Why are we required to partake in the Training?***

Shaken Baby Syndrome Prevention education for school age students became MANDATORY with the passing of the Prevention Violence Against children Act of 2006 (2005 Wisconsin Act of 165).

*(5) Instruction for pupils. Each school board shall provide or arrange with a nonprofit organization or health care provider to provide age-appropriate instruction relating to shaken baby syndrome and impacted babies for pupils in one of grades 5 to 8 and in one of grades 10 to 12.*

### **In order that each of our member districts is in compliance with state law, CESA 6 is providing this opportunity to:**

- A. Have staff trained by a licensed trainer and
- B. Develop an action plan that details how, when and where Shaken Baby Syndrome Prevention Training will take place.

### **What are the outcomes from the Training?**

1. All participants will be certified as Shaken Baby Syndrome Prevention trainers.
2. Participants will develop an action plan that describes how the district plans to meet the law.
3. Participants will customize resources specifically for their district in advance of training students in grades 5-8 and 10-12.

**Cost: \$40.00 per participant**

**Presented in association with RSN and AODA**

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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**CESA 6**  
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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:**

Return to: Barb Bohn, Program Assistant, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568