



CO-TEACHING: A Service Delivery Model for ELLs and Special Education

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Workshop Date/Location:

July 20 and July 21, 2009
or
August 17 and August 18, 2009
CESA 6, Oshkosh

Workshop Time:

8:30 a.m. – 3:00 p.m. (lunch will be on your own)

Course Description:

Co-Teaching is a course, designed for teacher teams looking to redesign their instructional practice through a Co-Teaching *service delivery model*.

* **"Teams" are not required, but are strongly suggested**

Course participants will have the opportunity to explore both the **conceptual** and the **operational** aspects of this innovative approach. We will study and utilize **procedural** skills that can help co-teachers succeed in improving student learning for all, and enhancing RtI efforts.

Course Objectives:

- Be able to define co-teaching and distinguish it from terms such as collaboration, team teaching, and inclusion
- Relate co-teaching to current trends toward collaboration in public schools, both in general education and in special education
- Provide a rationale through philosophy, research, and recent legislation for implementing co-teaching
- Discuss critical components of a teacher's model for co-teaching
- Outline school factors that affect co-teaching
- Layer RtI with Co-Teaching

Price:

\$200.00 - for 2 day course (materials provided)

Graduate Credit

1 graduate credit will be offered for this workshop. The fee for the graduate credit is \$200.00 in addition to the course registration fee.

**** If interested, the graduate credit application and fee will be processed the first morning of the course.**

Registration Deadline:

July 1, 2009

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 a session date

_____ July 20 & 21, 2009 _____ August 17 & 18, 2009

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 Plotter, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568