



Mentor Foundation Training—Day 2

Friday, February 8, 2013 • 8:30 a.m. - 3:00 p.m.

Presenter: Debra Kneser, Ph.D.
CESA 6 Coordinator of Teaching & Learning

Workshop Description

Completion of a Professional Development Plan

Workshop Objectives

- Increase your understanding of the new rules/licensure of Wisconsin Educators
- Learn how the Wisconsin Educator Standards form the basis for writing and implementing the new Wisconsin Professional Development Plans
- Learn to apply elements of trust and rapport with initial educators and colleagues
- Increase understanding of the needs of new educators and how to effectively provide support
- Learn how to observe lessons and provide feedback to initial educators based on the use of Educator Guiding Questions



Registration Details

- **Date:** February 8, 2013
- **Registration Fee:**
 - ✓ \$150.00 per participant
 - ✓ \$100.00/each PI 34 Members
 - ✓ Fee includes materials, continental breakfast and lunch
- **Time:** 8:30 a.m. – 3 p.m.
- **Onsite check-in:** 8 a.m. - 8:30 a.m.
- **Location:**

CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:** February 1, 2013
- **Online registration:** http://www.cesa6.k12.wi.us/prof_dev/

Wisconsin Standards Emphasized

- WES1—Teachers know the subjects they are teaching
- WES3—Teachers understand that children learn differently
- WES6—Teachers communicate well
- WES9—Teachers are able to evaluate themselves
- WES10—Teachers are connected with other teachers and the community

Who should attend?

Educators who are currently serving as mentors and/or those who wish to become mentors in the future.

For additional information contact:

Deb Kneser, Ph.D., CESA 6 Coordinator of Teaching & Learning—dkneser@cesa6.org or 920.279.7725

Cancellation Policy: Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserved the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

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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 _____

**To Register: Go to http://www.cesa6.k12.wi.us/prof_dev/ or send completed form to:
Donna Runice, Program Assistant
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478**

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 _____