



PDP Writing Workshop

Wednesday, October 24, 2012 • 8:30 a.m. - 3:00 p.m.

Presenter: Deb Kneser, Ph.D.
CESA 6 Coordinator of Teaching and Learning

Description

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.

Workshop Objectives

- 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
- Professional Development Plans go 100% electronic on September 1!



Registration Details

- **Date:** October 24, 2012
- **Registration Fee:**
 - √ \$100.00/person for PI 34 Consortium members
 - √ \$150.00/person for non-PI 34 Consortium members
 - √ Fee includes materials, continental breakfast and lunch
- **Time:** 8:30 a.m. - 3:00 p.m.
- **Onsite check-in:** 8 - 8:30 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
October 17, 2012
- **Online registration:** http://www.cesa6.k12.wi.us/prof_dev/

Who should attend?

Initial Educators who have finished Year 1 and now will be in Year 2 of their licensure cycle.

Educator Standards:

Emphasis on WI Educator Standard 9: Reflection on Professional Practice

For additional information contact:

Deb Kneser, Ph.D., Coordinator of Teaching and 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 _____