



Alternate ACCESS for ELLs® Test Administrators Certification Workshop

Monday, November 26, 2012 • 9 a.m. - 3 p.m.

Trainer: Laury Krause

Description

Federal law requires that all students identified as English language learners be assessed annually for English language proficiency. This requirement includes students who require special education services under the Individuals with Disabilities Education Act (IDEA). **For the first time ever**, an English language proficiency test developed specifically for students with **significant cognitive disabilities**, Alternate ACCESS for ELLs (Alternate ACCESS), may be given during the 2012-13 testing window.

Alternate ACCESS must be given by a trained, certified professional.

Workshop Objectives

- The goal of this workshop is to certify you as a Test Administrator for the Alternate ACCESS for ELLs.

Who should attend?

- Special education teachers, school psychologists, ESL teachers, or other certified staff working closely with English language learners with severe cognitive disabilities.
- Anyone who needs to administer the Alternate ACCESS for ELLs test.

For additional information contact:

Tere Masiarchin, CESA 6 ELL/Global Languages Coordinator -
tmasiarchin@cesa6.org or 920.236.0548



Registration Details

- **Date:** November 26, 2012
- **Registration Fee:**
 - ✓ **\$50.00 per participant for CESA 6 Title III Consortium Members**
 - ✓ **\$60.00 per participant for NON-Consortium Members**
 - ✓ **Fee includes materials, continental breakfast and lunch**
- **Time:** 9 a.m. - 3 p.m.
- **Onsite check-in:** 8:30 - 9 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
November 19, 2012
- **Online registration:** http://www.cesa6.org/prof_dev/

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.org/prof_dev/ or send completed form to:
Debbie Pinkerton, 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 _____