

Maximize Your Touch Using iPads/iPods within the Early Elementary Classroom

Wednesday, February 13, 2013 ° 9 a.m. - 3 p.m.

Presenter: Paula Walser

CESA 6 Director of E-Learning

Description

This introductory level workshop will introduce participants to the iOS devices from Apple computing including the iPad, iPod and iPhone. Popular accessories for classroom use will also be available for demonstration.

Workshop Objectives

- Instruction in basic use of the device including cameras, microphone, speakers, navigation, and organization of apps.
- "Hands-on" instruction on classroom apps in the areas of reading, writing, art, music, organization, math, scientific exploration, and fact finding.
- Access to a website full of resources for using this powerful mobile technology tool within the classroom.

Who should attend?

Kindergarten and early elementary educators and leaders
 (Participants are encouraged to bring their own iOS device (iPhone, iPad, iPod)

For additional information contact:

Paula Walser, CESA 6 Director of E-Learning, pwalser@cesa6.org or 920.236.0548

Registration Details

- Date: February 13, 2013
- Registration Fee:
 - √ \$165.00 per participant
 - √ 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:
 February 6, 2013
 (one week prior to event)
 - Online registration: http:// www.cesa6.k12.wi.us/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.

Maximize Your Touch Using iPa February 13. 2013	ds/iPods within the Early Elementary Classroom	Please check one: Check is enclosed, Bill my School Distr Use my Conference (CESA 6 employed	e Attendance Fund staff ONLY)
Participant Name(s)			
Position(s)	District	Cardholder Name	
Phone (Work)	(Home)	Cardholder Address (include city, state ZIP)	
Would you like to be notified by email of future CESA 6 training sessions? ☐ Yes ☐ No		Credit Card Type (VISA, MasterCard, etc.)	
Email Address	Special accommodations or dietary needs	Credit Card Number	
Debbie Pinkerton, Program Assis	a6.k12.wi.us/prof dev/ or send completed form to: ant,	Expiration Date	3 Digit Code on Back of Card