

ACCESS for ELLs®

Test Administrators Certification Workshop

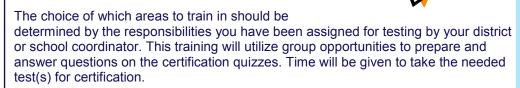
Monday, December 3, 2012 • 9 am - 3 pm

Trainer: Laury Krause

Description

Individuals administering this state--mandated test must be certified. Participants registering can separately train for one, two, or three different areas of the full test battery:

- The group administered components Listening, Reading, and Writing
- The Speaking test component
- The Kindergarten test component



Participants will need to bring a laptop to complete the training and access the quizzes on the internet.

Workshop Objectives

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

Who should attend?

 Anyone who will be responsible for administering the ACCESS for ELLs test to English Language Learners.

Registration Details • Date: December 3, 2012 • Registration Fee:

- √ \$50.00 per participant for Title III Consortium Members
- √ \$70.00 per participant for Non-Consortium Members
- √ Fee includes materials, continental breakfast and lunch
- Time: 9 am 3 pm
- Onsite check-in: 8:30 am 9 am
- Location:

CESA 6 Conference Center 2300 State Road 44 Oshkosh WI 54903

- Registration Deadline:
 November 26, 2012
- Online registration: http:// www.cesa6.org/prof_dev/

For additional information contact: Tere Masiarchin, CESA 6 ELL/Global Languages Coordinator - tmasiarchin@cesa6.org or 920.236.0548

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.

ACCESS for ELLs® Test Administrators Certification Workshop December 3, 2012		☐ 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	
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	
To Register: Go to http://www.cesa6.org/ Debbie Pinkerton, Program Assistant,	<u>/prof_dev/</u> or send completed form to:		0.01.11.0.1
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478		Expiration Date	3 Digit Code on Back of Card