



ACCESS for ELLs™ Test Administration & Certification Training

Presented by: CESA 6

ACCESS Certification Training Dates/Times/Location:

Tuesday, November 24, 2009	12:30 p.m. - 3:30 p.m.	CESA 6, Oshkosh
Tuesday, December 1, 2009	8:30 a.m. - 11:30 a.m.	CESA 6, Oshkosh

The goal of this training is to certify test administrators in the ACCESS for Ells™. This training will help participants understand the ACCESS for ELLs™ and give practical information to assure efficient testing. Each participant will then follow the online training and certification process. Each person completing this training will be certified with WIDA to administer the ACCESS for ELLs™ test. Those who have already completed the ACCESS for ELLs™ test administration training are certainly welcome to attend again for a refresher.

Price:

\$40.00 (Title III Consortium Members)
\$80.00 (Non-members)

2009-2010 CESA 6 Title III Consortium Members:

Campbellsport, Dodgeand, Fond du Lac, Freedom, Friess Lake, Green Lake, Hartford UHS, Horicon, Kaukauna, Kewaskum, Kimberly, Lomira, Manawa, Markesan, Mayville, Neosho Jt. 3, New London, North Fond du Lac, Oakfield, Omro, Oshkosh, Richfield Jt. 1, Rosendale-Brandon, Shiocton, Slinger, Waupun, Weyauwega-Fremont, Winneconne

Cancellation:

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 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified if a cancellation occurs.

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___ November 24, 2009 p.m. ___ December 1, 2009 a.m.

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 _____

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 _____

RETURN TO:

Debbie Piotter, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568 FAX: (920) 424-3478