



# PDP Review Team Training

## Friday, April 30, 2010

Registration 7:30 a.m.  
Training 8:00 a.m.—4:00 p.m.

at

La Sure's Hall  
3125 S. Washburn Street • Oshkosh, WI

The DPI requirement for becoming a member of an initial educator or professional educator's team is to complete a one-day training. The training has two components. The first is an on-line PI 34 Module that includes a self-assessment. Once registered for the training, instructions will be sent for completing the module. The verification certificate must be brought to the training. The second component is registration and participation in the one-day DPI-sponsored PDP Team Training.

**COST:** There is no cost for this one-day training. Expenses are covered by DPI with the stipulation that participants *must be in attendance* all day. If it is necessary to hire a substitute teacher for the teacher who will be attending this training, DPI will cover that cost. Meals and materials will be included in the training. There will be no reimbursement for lodging or mileage expenses.

### NUMBER OF PARTICIPANTS:

Maximum of 40 attendees from teachers, administrators, pupil services personnel, and Institute of Higher Education (IHE).

**Registration Deadline: April 23, 2010**

**Cancellation Policy:** Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

#### PDP Review Team Training

La Sure's Hall, Oshkosh • April 30, 2010

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: Donna Runice, CESA 6**  
PO Box 2568, Oshkosh, WI 54903-2568 or FAX: 920.424.3478