



Title I Parental Involvement

March 15, 2013 • 8:30—11:30 a.m.

Presenter: Linda Reetz, CESA 6 Title I Coordinator

Description

Parental involvement has always been a key component in the Title I law. Decades of research provide convincing evidence that parents are an important influence in helping their children achieve to high academic standards.

Six types of parental involvement will be presented:

- parenting
- learning at home
- communicating
- volunteering
- decision-making
- collaborating with community

Participants will learn about requirements of parental involvement, and ideas to potentially increase parental involvement.

Who should attend?

- Title I teachers, coordinators, and school administrators

For additional information contact:

Linda Reetz, CESA 6 Title I Coordinator, 920.236.0562



Registration Details

- **Date:** March 15, 2013
- **Registration Fee:**
 - ✓ Free to CESA 6 Title IA Consortium Districts
 - ✓ \$20 per person for any other districts
- * Includes workshop materials and continental breakfast
- **Time:** 8:30 –11:30 a.m.
- **Onsite check-in:** 8:15 a.m. - 8:30 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
March 8, 2013

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.

Title I Parental Involvement March 15, 2013

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.k12.wi.us/prof_dev/ or send completed form to:
Sue Christensen, 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 _____