



Supporting the Mathematical Practices Grades K-5

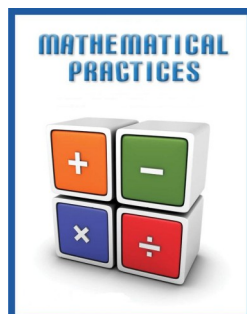
September 26, 2012 • 8:30 a.m. - 3 p.m.

Presenter: Mary Ann Hudziak
CESA 6 Coordinator of Math and Science



Description

The Mathematical Practices provide students with the habits of mind to be successful with new math content but also to develop a wide range of thinking skills. This workshop will focus on what these math practices are and what they look like in the classroom.



Workshop Objectives

- Become acquainted with the 8 mathematical practices found in the Wisconsin Common Core Standards for Mathematics.
- Look at examples of what these practices look like in the classroom.
- Determine ways you can help students develop these practices in their behaviors.
- Look at resources available to help with this process.

Who should attend?

Elementary classroom teachers, Title I Teachers/Coordinators

For additional information contact:

Mary Ann Hudziak, CESA 6 Coordinator of Math and Science, 920.236.0562

** Please bring your own device to access the internet (ie: Laptop/lpad)*

Registration Details

- **Date:** September 26, 2012
- **Registration Fee:**
 - ✓ \$35.00 per participant
 - ✓ Fee includes materials and snack; Lunch is on your own.
- **Time:** 8:30 a.m. - 3 p.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:** September 21, 2012
- **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.

Support for Mathematical Practices Grades K-5 September 26, 2012

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:
Mary Ann Schwandt, 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 _____

