



PALS™

Phonological Awareness Literacy Screening

October 8, 2012 • 8:30 a.m. - 2 p.m.

Presenter: Nicole Lehr
CESA 6 Literacy Center Coordinator



Description

PALS-Wisconsin's new Kindergarten screener will be explored in-depth at this training, including administering and scoring the assessment, as well as the support tools available to Wisconsin teachers.



***This training is a supplement to the DPI Training modules, it does not replace any of the DPI training modules that are offered.**

Workshop Objectives

- Compare existing screening tools used in their districts to the subtests of PALS to determine redundancies and needs;
- learn how to use the results by exploring several interventions tied to PALS subtests.

Who should attend?

- Title I and Special Ed. Teachers are encouraged to attend with their kindergarten colleagues.

For additional information contact:

Nicole Lehr, CESA 6 Literacy Center Coordinator, 920.236.0562

Registration Details

- **Date:** October 8, 2012
- **Registration Fee:**
 - ✓ \$25.00 per participant
 - ✓ Fee includes materials and continental breakfast
- **Time:** 8:30 a.m. - 2:00 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:** October 1, 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.

PALS (Please check the day you will attend) October 8, 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 _____

