

# What to do with the PALS TM data?

November 20, 2012 0 8:30 a.m. - 3 p.m.

## **Presenter: Nicole Lehr**

**CESA 6 Literacy Center Coordinator** 

## **Description**

PALS is Wisconsin's new Kindergarten screener (Phonological Awareness Literacy Screening). Learn what to do with the PALS data at this follow-up PALS workshop.



### **Workshop Objectives**

- Analyze PALS data to determine intervention needs;
- Provide interventions based on assessment results;
- Planning intervention activities to meet the needs of your students;
- Tools for progress monitoring with PALS quick checks

### What to bring?

• Bring your Fall PALS results with you to the workshop.

### 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: November 20, 2012
- Registration Fee:
  - √ \$100.00 per participant
  - √ Fee includes materials, continental breakfast and lunch.
- Time: 8:30 a.m. 3:00 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:
  - November 9, 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.

### Please check one: **PALS** Check is enclosed, made payable to CESA 6 November 20, 2012 ☐ Bill my School District, PO # ☐ Use my Conference Attendance Fund (CESA 6 employed staff ONLY) Credit Card Payment Participant Name(s) Cardholder Name Position(s) District Cardholder Address (include city, state ZIP) Phone (Work) Would you like to be notified by email of future CESA 6 training sessions? ☐ Yes ☐ No Credit Card Type (VISA, MasterCard, etc.) Credit Card Number **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, **Expiration Date** 3 Digit Code on Back of Card CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478