

# WI RtI Center Peer to Peer Networking

# May 21, 2013

### **Presenter: Dan Seaman**

Technical Assistance Coordinator CESAs 6, 7, 8

#### **Description**

An interactive half-day session designed for schools to further develop their Rtl systems.

May 21, 2013 CESA 6 - On-site check-in 8:00 - 8:30 a.m.-Session 8:30 -12:00 p.m.

#### **Workshop Outcomes**

- Connect stakeholders
- Encourage collaborative learning from each about Wisconsin's Rtl Framework
- Further develop your school's implementation of Rtl
- Gather resources to take back to your school
- Discuss technical and adaptive changes

#### **Audience**

School leaders such as

- Principals
- General education teachers
- Special education teachers
- Other school staff with formal or informal leadership roles

#### What to bring

Due to the interactive nature of this training and specific topics, the facilitator will contact participants to provide information regarding the networking session.

#### For additional information contact

Dan Seaman(dseaman@cesa6.or 920-265-0696) (dseaman@cesa6.org or 920-265-0696)

## **Registration Details**

- Registration Fee:
  - √\$25.00 per person
  - √Fee includes materials/ snacks
- Location:

CESA 6 Conference Center 2300 State Road 44 Oshkosh WI 54904

- Registration Deadline:✓May 14, 2013
- Online registration: http://www.cesa6.k12.wi.us/prof\_dev/



<u>Cancellation Policy:</u> 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.

WI Rtl Peer to Peer Networking May 21, 2013		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	
Participant Name(s)		,	
Position(s)	District	Cardholder Name	
Phone (Work)	(Home)	Cardholder Address (include city, state ZIP)	
Would you like to be notified by email of future CESA 6 training sessions? ☐ Yes ☐ No		Credit Card Type (VISA, MasterCard, etc.)	
Email Address	Special accommodations or dietary needs	Credit Card Number	
	a6.k12.wi.us/prof dev/ or send completed form to: t, CESA 6, 2935 Universal Court, Oshkosh, WI 54904	Expiration Date	3 Digit Code on Back of Card