



RSN Summer Meeting for Directors of Special Education

July 25th & 26th, 2013

Come and join your colleagues from the CESA 6 region as you begin your journey into another year in the complex, always fascinating and sometimes frustrating world of special education. This session will provide you with the opportunity to work on your "Must Do-Beginning of the School Year Checklist" and discuss the many "lessons learned" from your fellow directors.

Topics to be covered include but not limited to:

New RSN Role, RtI and SLD, Indicators 1-20, DPI Updates, Family Engagement, Self Assessment, Projects Determined by the Group and Planning for 2013-2014 etc.

DATES/TIME: Thursday, July 25th 9:30AM - 4:00PM (Registration 9:00)
5:00 Evening Activity -TBD
Friday, July 26th 8:30AM - 3:00PM

MEETING LOCATION: Our Lady of the Lake Church Hall
530 Ruth Street, Green Lake

LODGING: Heidel House 643 Illinois Avenue, Green Lake
Call 920-294-3344 to make reservations. Ask for the state rate and provide needed PO/tax information. No need to ask for any particular group.

COST: No fee. Includes breakfast and lunch for both days

REGISTRATION: On line at http://www.cesa6.k12.wi.us/prof_dev/ OR with Paula at pstarr@cesa6.org, 920-239-0567

QUESTIONS: Contact Barb Behlen at 920-236-0551 or by email at bbehlen@cesa6.org



Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

RSN Summer Meeting for Directors of SE

RSVP by: July 19, 2013

July 25 & 26, 2013, Green Lake

Register on-line at: http://www.cesa6.k12.wi.us/prof_dev/

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 _____

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 _____

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

RETURN TO:

Paula Starr, CESA 6, 2935 Universal Court, Oshkosh, WI 54904, pstarr@cesa6.org

Expiration Date _____ 3 Digit Code on Back of Card _____