



# Student Intervention Monitoring System (SIMS) Training

## Monday, June 14, 2010

SIMS is designed to manage the documentation of student needs and interventions for all students (at-risk, GT, ELL, etc.) in areas of behavior, academics, and attendance. SIMS incorporates critical features of RtI, including universal screening, high quality instruction, collaborative problem solving, and the use of data to make educational decisions.

**Date:** Monday, June 14, 2010

**Time:** 9:00 a.m. – 2:00 p.m.

**Location:** CESA 6, 2300 State Road 44, Oshkosh

**Cost:**

\$1500 per 4-person team, including one administrator. This fee covers SIMS User Training, access to the Local Administrator Training and Content Builder Training, and technical assistance.

**Includes Lunch**

**Registration:** Please register at CESA 6 website ([www.cesa6.k12.wi.us](http://www.cesa6.k12.wi.us)), click on the Trainings/Workshops tab

**Registration Deadline:** June 4, 2010

**Your Local SIMS contacts for CESA 6 are:**

**Cheryl Simonson**

920.379.8958

[csimonso@cesa6.k12.wi.us](mailto:csimonso@cesa6.k12.wi.us)

**Karin Martino**

920.410.5392

[kmartino@cesa6.k12.wi.us](mailto:kmartino@cesa6.k12.wi.us)

**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.

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Location: CESA 6, 2300 State Road 44, Oshkosh

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 \_\_\_\_\_

**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 \_\_\_\_\_

**RETURN TO:**

Donna Runice, Program Assistant, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568