



This event is presented by the CESA 6 Title I Quality Program Support Staff

What's Special About Being in the Title I Quality Program Support Network?

Monday, September 9, 2013 • 12:30 p.m. - 3:30 a.m.

Presenters: Michelle Amend & Mary Ann Hudziak
CESA 6 Quality Program Support

Description

This workshop is designed to provide Title I Coordinators with targeted information, tools, and tips for meeting their Title I Program monitoring requirements.

Objectives

In this workshop, participants will learn...

- How to use dynamic tools for on-going monitoring of your Title I program
- How to access valuable resources to support Title I programming
- About the opportunities available for the Title I Quality Program Support Network districts, such as coaching support, on-call and on-site support, workshops, professional development and Coordinator meetings

Who should attend?

New *and* Returning Title I Coordinators, Principals and Title 1 Teachers

For additional information contact:

Michelle Amend, mamend@cesa6.org or 920.236.0537
Mary Ann Hudziak, mhudziak@cesa6.org or 920.236.0523

Registration Details

- **Date:** September 9, 2013
- **Registration Fee:**
 - ✓ No charge for CESA 6 Title I Quality Program Support Districts; All other districts \$50.00/person
 - ✓ Fee includes materials, and snacks
- **Time:** 12:30 p.m. - 3:30 p.m.
- **Onsite check-in:** 12:00 - 12:30 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
September 5, 2013

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 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

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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.org/prof_dev/ or send completed form to:
Sue Christensen, 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 _____