



Student Intervention Monitoring System (SIMS) Training

Monday, February 28, 2011

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.

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), click on the Trainings/Workshops tab

Registration Deadline: February 21, 2011

Your Local SIMS contacts for CESA 6 are:

Cheryl Simonson

920.379.8958

csimonso@cesa6.k12.wi.us

Jackie Schoening

920.236-0515

jschoeni@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.

Student Intervention Monitoring System (SIMS) Training

Monday, February 28, 2011

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