2012 WHSA Conference Training Session Proposal Form

The Wisconsin Head Start Association (WHSA) thanks you for your interest in presenting at our 9th Annual Training Conference, *Engaging Our Youngest Learners*, February 6-8, 2012 at the Kalahari Resort in Wisconsin Dells!

WHSA is seeking well-qualified presenters to provide training sessions for a diverse audience of Head Start and Early Head Start program directors, parents, staff, managers, and community partners on innovative practical initiatives, programs, and applied research in the following content areas:

- ACF/Office of Head Start Regional Priorities and Federal Initiatives
- American Indian/Tribal or Migrant/Seasonal Program Interests
- Community Partnerships
- Cultural Diversity
- Early Childhood Education & Development
- Early Head Start
- Health, Wellness, and Safety
- Leadership, Professional, and Organizational Development
- Program Design & Management
- Supporting Families

To submit your training session proposal, please complete this electronic proposal form in its entirety by Friday, November 4, 2011. Your responses should accurately reflect how you would like information to appear in any printed materials including the conference program.

Should you have questions, please contact the WHSA Office at 608-442-6879 or <u>harriss@whsaonline.org</u>.

INSTRUCTIONS

You will need the following items on hand to submit your proposal in full:

- An electronic copy (Word of PDF format) of the lead presenter's brief bio, resume, or vitae to upload. The resume/vitae should demonstrate that the lead presenter is qualified to present the proposed training session and on any subject matter contained in the session.

- The lead presenter's Registry ID number if s/he is a Wisconsin Registry Professional Development Approval System (PDAS) approved trainer. If applicable, the Registry ID number for any co-presenter if s/he is a Registry approved trainer.

To submit your proposal you will be asked to:

1) Agree to WHSA training session/presenter guidelines;

2) Provide contact information and qualifications for the lead presenter. If you are co-presenting with one or more individuals you will also be asked to provide co-presenter(s) information; and

3) Provide information about your proposed training session including: its title; a brief description of content, goals and objectives, anticipated outcomes, and a statement of how the session will benefit participants; the maximum number of participants and intended audience; the intended content level, desired length, and category(ies) which best fit your content; your availability to present and any necessary accommodations; and, its Registry "core knowledge content" and "CDA content" areas and the amount of time devoted to each area.

Once you have completed and submitted your proposal an email confirming its submission will be sent to the lead presenter's email address.

Please read the following training session/presenter guidelines carefully and check "yes" to indicate you have read and agree to the guidelines.

1) WHSA offers a reduced conference registration fee of \$100 each for up to two presenters per training session to attend the entire two and a half day conference. Presenters attending the conference only on the day(s) of their training session(s) are entitled to that day's conference privileges including complimentary lunch and/or breaks.

2) WHSA does not pay presenter expenses (i.e, mileage, lodging, etc.) to present at the conference.

3) WHSA provides each training room with a projection screen and AV cart. This does not include flip chart paper, markers, LCD projectors or any other AV equipment. All other AV equipment needs are the responsibility of the presenter. Presenters may not contract with the Kalahari or WHSA for additional AV equipment.

4) WHSA does not reimburse presenters for the cost of preparing or duplicating session handouts or materials.

5) WHSA prohibits all presenters from selling and/or marketing items within a training session. WHSA provides conference exhibit space and offers advertising space in the conference program. Interested presenters and others may contact Julie at julie@hsshebco.org to secure exhibit or ad space.

Do you agree to adhere to the training session/presenter guidelines?

□ Yes, I have read and agree to the training session/presenter guidelines.

$1. \ \mbox{Please provide the following contact information for the lead presenter.}$

This person will receive all conference information. If you will present with one or more co-presenters, please note that only the lead presenter designated here will receive conference information. It is the responsibility of the lead presenter to share conference information with any co-presenters. *

| Dr/Mr/Ms: | |
|------------------|--|
| First Name: | |
| Last Name: | |
| Title: | |
| Organization: | |
| Phone: | |
| Email: | |
| Street Address: | |
| City, State Zip: | |

2. Please upload a brief bio, resume, or vitae for the lead presenter in word or PDF format. The resume/vitae should demonstrate that the lead presenter is qualified to present the proposed training session and on any subject matter contained in the session.

To upload a file, click "Browse" and select your file. Once you've selected your file, click "upload." *

Choose File No file selected

Upload

3. If you are an approved trainer by The Registry, Wisconsin's recognition system for the early childhood care and education professions which operates the Professional Development Approval System (PDAS), please provide your Registry ID #:

4. Will you present your training session with at least one co-presenter? *

O Yes

| Dr/Mr/Ms: | |
|------------------|--|
| First Name: | |
| Last Name: | |
| Title: | |
| Organization: | |
| Phone: | |
| Email: | |
| Address: | |
| City, State Zip: | |

5. Please provide contact information for Co-Presenter #1.

6. If Co-Presenter #1 is an approved trainer by The Registry, please provide his/her Registry ID #:

7. If applicable, please provide contact information for Co-Presenter #2.

| Dr/Mr/Ms: | |
|------------------|--|
| First Name: | |
| Last Name: | |
| Title: | |
| Organization: | |
| Phone: | |
| Email: | |
| Address: | |
| City, State Zip: | |

8. If Co-Presenter #2 is an approved trainer by The Registry, please provide his/her Registry ID #:



9. If applicable, please provide contact information for Co-Presenter #3.

| Dr/Mr/Ms: | |
|------------------|--|
| First Name: | |
| Last Name: | |
| Title: | |
| Organization: | |
| Phone: | |
| Email: | |
| Address: | |
| City, State Zip: | |

10. If Co-Presenter #3 is an approved trainer by The Registry, please provide his/her Registry ID #:

11. What is the title of your training session? *

12. Please provide a short description of your training session which includes:

- --The goals/objective of the session,
- --Anticipated outcomes, and
- --A statement of how the session will benefit participants.

This description, subject to editing to fit WHSA guidelines, will be included in the conference program.

Note: Have you presented this session before? You may want to cut and paste your

13. What is the MAXIMUM number of participants for your session? Provide a numerical value below.

Note: When answering, please keep in mind that presenters are responsible for preparing and providing handouts/necessary materials for session participants. Do not enter a maximum audience size number larger than the number of handouts/materials you are willing to provide. *

| 14. | Who | is | the i | ntended | audience | for you | ır training | session? | Please check | K |
|-----|--------|-----|--------|---------|----------|---------|-------------|----------|--------------|---|
| all | that a | app | oly. * | | | | | | | |

| Program Directors/Administrators | Teaching Staff |
|----------------------------------|-----------------------|
| Management Staff | Program Support Staff |
| Parents | Community Partners |
| Parent Educators | Other |
| Family Services Staff | |

15. What is/are the intended content level(s) for your training session? Please check all that apply. *

| Beginning/Awareness | Application/Skill- Building | Advanced/Refinement |
|---------------------|--------------------------------|---------------------|
| | J | |

16. What is the desired length of your training session?

Typically, training sessions are presented in either one 1.5 hour time block or in two back-to-back 1.5 hour time blocks (3.0 hours total) with a 30 minutes break in between time blocks.

If you're interested in presenting a session longer than 3.0 hours, please indicate your interest below by selecting "Over 3.0 Hours." The WHSA office will contact you about the possibility of extending the session length. Please know there are limited number of opportunities to extend a session's length beyond three hours. *

| 1.5 Hours | 3.0 Hours | Either 1.5 or | Over 3.0 |
|-----------|-----------|---------------|----------|
| | | 3.0 Hours | Hours |

17. Please select UP TO TWO categories which best fit your content. $\boldsymbol{*}$

- □ ACF/Office of Head Start Regional Priorities & Federal Initiatives
- American Indian/Tribal or Migrant/Seasonal Program-Specific Issues
- □ Community Partnerships
- Cultural Diversity
- Early Childhood Education & Development
- Early Head Start (Pregnant Women, Infants, and Toddlers)
- □ Health, Wellness, and Safety
- □ Leadership, Professional, and/or Organization Development
- Program Design & Management
- □ Supporting Families
 - Other

18. Please indicate the day(s) you are NOT available to present. *

- Monday, February6, 2012
- Tuesday, February7, 2012

Wednesday,
February 8, 2012

19. If you have additional comments regarding your availability (i.e., I can present on Monday but only in the afternoon), please provide them here.



20. Are you willing to present your session twice? *

- Yes, anytime I am available even if it is not the same day as my first presentation
- Yes, but the first and repeat presentations must be on the same day
- 🔘 No

21. If you require any special space or set-up accommodations for your training session, please described the needed accommodations below.

Unless otherwise requested, meeting rooms will be set-up in a mix of classroom (rows of chairs and tables facing front towards the front of the room) and theater (rows of chairs only in the back of the room) style seating. A presenter's table with two chairs, AV cart with hook-ups, and projection screen are at the front of each meeting room.

Requests for additional AV equipment cannot be honored.



22. Please provide the amount of time devoted to any/all Registry core knowledge content areas you will address during your training session. *You must choose at least one core knowledge content area.* The total amount of time entered should equal your preferred session length (indicated in question 16).

If you indicated "Either 1.5 or 3.0 hours" or "Over 3.0 Hours" please fill in the amount of time devoted to applicable core knowledge areas as if the session were 1.5 hours long.

EXAMPLE (for a 1.5 hour session)

Child Development: .75 Developmentally Appropriate Practices: .5 Regulatory Policy & Standard: .25*

Adult Education:

Child Development:

| | | _ |
|--|--|---|

Marketing:

Observation & Assessment:



| Community Collaboration: | Organizational Management: | |
|---|---------------------------------|--|
| Developmentally Appropriate Practices: | Personnel | |
| Diversity: | Management: Professionalism: | |
| Family Relationships: | Regulatory Policy & | |
| Finance: Guidance: | Standards: Safe & Healthy | |
| Legal: | Environment: Special Needs: | |
| | Special Needs. | |

23. Please provide the amount of time devoted to any/all CDA content areas you will address during your training session. *You must choose at least one CDA content area.* The total amount of time entered should equal your preferred session length (indicated in question 16).

If you indicated "Either 1.5 or 3.0 hours" or "Over 3.0 Hours" please fill in the amount of time devoted to applicable CDA content areas as if the session were 1.5 hours long.

EXAMPLE (for a 1.5 hour session) -

Steps to advance children's physical and intellectual development: 1.0 Planning a safe, healthy learning environment: .5*

| Case management for home visitors: | Principles of child development and learning: | |
|---|---|--|
| Maintaining a commitment to professionalism: | Steps to advance children's physical and | |
| Observing and recording children's behavior: | intellectual development: | |
| Planning a safe, healthy learning environment: | Strategies to establish productive relationships with families: | |
| Positive ways to support children's social and emotional development: | Strategies to manage an effective program operation: | |

WHSA encourages you to print this page before hitting "Submit" so you may have a copy of this information.

To print, click on your browser's "File" or "Print" menu and select print preview. You may need to adjust your settings (page orientation and scale) in order for all text to fit on the page. Once you have adjusted your print settings appropriately, click "Print" in the print preview window.

Thank you for submitting a training session proposal for the Wisconsin Head Start Association's 10th Annual Training Conference, *Engaging Our Youngest Learners*. An automated email sent to the email address provided for the lead presenter will notify you that your proposal has been successfully submitted.

We look forward to reviewing your proposal.

If you have any questions about the proposal process or the conference, please contact the WHSA office at 608-442-6879.