



CALIFORNIA ASSOCIATION FOR BILINGUAL EDUCATION

**PARENTS & PARA-EDUCATORS:
LEARNING TOGETHER FOR ACADEMIC SUCCESS**



PARA-EDUCATOR/PARENT CONFERENCE

REGION IV • SAN BERNARDINO/RIVERSIDE COUNTY

A CONFERENCE FOR PRE-K THROUGH 12TH GRADE

MAY 22, 2008

**RIVERSIDE CONVENTION CENTER
3443 ORANGE STREET
RIVERSIDE, CA 92501**

SAN BERNARDINO/RIVERSIDE COUNTY

CABE PARA-EDUCATOR/PARENT CONFERENCE

PARENTS & PARA-EDUCATORS: LEARNING TOGETHER FOR ACADEMIC SUCCESS

The California Association for Bilingual Education (CABE) is a statewide non-profit organization established in 1976 to promote quality bilingual education programs for English Learners. Our members include teachers, administrators, parents, instructional assistants, other community members and organizations.

CABE's vision, "Biliteracy and Educational Equity for All" is based on the premise that students in order to succeed and be powerful forces in our communities in the 21st Century, have to be: 1) multilingual; 2) knowledgeable of the diversity in our society and recognize/respect the differing perspectives of our multicultural global society; 3) information and technologically literate; and 4) civically oriented and active advocates for their communities.

This can only be accomplished when every child has the opportunity to learn in quality educational programs that promote proficiency English and other non-English languages and truly promote respect for the diverse families of California.

We invite you to join us at this conference and experience high quality professional development for Para-Educators and an opportunity for parents to gain vital information and develop leadership skills. Whether you are an instructional assistant working in a second grade classroom or the community liaison in your school, we have you in mind as we develop and plan all of our conferences.

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CONFERENCE SCHEDULE (TENTATIVE)

7:30 a.m. - 8:30 a.m. Registration
8:30 a.m. - 9:30 a.m. General Session
9:30 a.m. - 12:45 p.m. Workshops / Exhibit Viewing
1:00 p.m. - 2:00 p.m. Luncheon / Award Ceremony

REGISTRATION FEE: \$ 135

Fee will be \$145 if registration is postmarked after May 8, 2008.

REGISTRATION INCLUDES

- . Inspirational Keynote Presentation
- . Engaging Workshops
- . Viewing of Educational Materials
- . Continental Breakfast and Lunch
- . Regional Parent & Para-Educator of the Year Award Presentations

PRE-REGISTRATION FORM / FORMULARIO DE INSCRIPCIÓN

SAN BERNARDINO/RIVERSIDE COUNTY • PARA-EDUCATOR/PARENT CONFERENCE • MAY 22, 2008

Instructions and Information

1. Registration Form

Use a separate "Registration Form" for each registrant.
Retain a copy for your records.

2. Registration Processing

Please type or print clearly the information requested.
Information from this form will be used to print conference badge.

3. Payment Requirements

- Payment may be made by check, money order, purchase order or credit card.
- Requisition forms will not be accepted.
- Purchase orders without a number will not be processed.
- A \$15 charge will be assessed on all returned checks.
- Payment for multiple registrations must be accompanied by a separate registration form for each individual; a purchase order must list each attendee's name.

4. Requests for Refunds

All requests for registration fee refunds must be made in writing and submitted to CABC headquarters one week prior to the conference. Refunds will be processed and mailed out following the conference. A \$25 processing fee will be assessed for each cancellation.

5. Various Parking available from \$5.00 to \$30.00

Instrucciones e Información

1. Formulario de inscripción

Use un formulario de inscripción para cada persona que se inscriba a la conferencia. Mantenga una copia para sus archivos.

2. El proceso de inscripción

Favor de escribir a máquina o use letra de imprenta.
Se usará la información de este formulario para hacerle su gafete para la conferencia.

3. Requisitos de pago

- Se aceptarán cheques, giros postales, órdenes de pago o tarjeta de crédito como forma de pago.
- Las órdenes de pago/s para más de una persona deben ser acompañados por un formulario individual para cada participante y los nombres deben estar escritos en la orden de pago.
- Las órdenes de pago sin el número de la orden no serán aceptadas.
- Habrá un cargo de \$15.00 por cada cheque que sea devuelto por el banco.

4. Cancelaciones

Peticiones para reembolso por cancelaciones del costo de registro deben de ser enviadas a la oficina de CABC con una semana de anticipación de la conferencia. Los reembolsos serán procesados y enviados después de la conferencia. Se le cobrará un anticipo de \$25 por cancelar su participación en la conferencia.

5. Estacionamiento Disponible entre \$5.00 a \$30.00

First Name Last Name
Nombre *Apellido*

Year Round Address
Address/Domicilio *City/Ciudad* *State/Estado* *Zip/Código Postal*

NOTE: A confirmation card will be mailed to this address.

Phone Fax Email
Teléfono *Fax* *Correo Electrónico*

School District
Distrito Escolar

I am Para-Educator Parent Teacher Administrator Other
Soy *Auxiliar de Salón* *Padre de familia* *Maestro/a* *Administrador/a* *Otro*

FORM OF PAYMENT

Método de Pago

Purchase Order Check Money Order
Orden de Pago *Cheque* *Giro Postal*
 American Express Visa Mastercard

Signature:
Firma

Exp. Date:
Fecha de vencimiento

REGISTRATION FEES

Cuota de inscripción

Postmarked on or **BEFORE** May 8, 2008
Sellado por correo 8 de mayo de 2008 o antes
\$135

Postmarked **AFTER** May 8, 2008
Sellado por correo después del 8 de mayo de 2008
\$145

Total Enclosed:
Total del envío

For conference development:

What languages do you speak?
¿Qué idiomas habla?

Prefer?
¿prefiere?

Mail form with payment

CABC Para-Educator/Parent Conference
16033 E. San Bernardino Road
Covina, CA 91722-3900
Tel (626)814-4441 Fax (626) 814-4640

Conference Location

Riverside Convention Center
3443 Orange Street
Riverside, CA 92501

For office use only

ID#: _____ Amount: _____ Date Rec'd: _____ P.O.# _____ Check #: _____ Other: _____



California Association for Bilingual Education
16033 E. San Bernardino Road
Covina, CA 91722-3900

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U.S. POSTAGE

PAID
COVINA, CA
PERMIT #369



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**Deadline for Registration:
May 8, 2008**

2008 CABE CONFERENCES

SPECIAL CONFERENCES

2-Way Bilingual Immersion Summer Conference

June 30-July 3, 2008

Hyatt Regency Newport Beach

Newport Beach, CA

For more information, contact CABE at:

Tel: (626) 814-4441 **Fax:** (626) 814-4640

e-mail: info@bilingualeducation.org

website: www.bilingualeducation.org

Address: 16033 E. San Bernardino Road
Covina, CA 91722-3900



PARA-EDUCATOR OF THE YEAR AWARD

SAN BERNARDINO/RIVERSIDE COUNTY - REGION IV • MAY 22, 2008

During the Para-Educator/Parent Conference a plaque will be awarded to the selected winner. Certificates will be presented to all nominees. **All Nominees must be pre-registered for the conference.**

CABE is now accepting nominations for this award. Each school in the district is entitled to submit one nomination. All nominees must pre-register for the conference. Nominees will be notified in advance so arrangements can be made to assure that the winner is present. The winner is entitled to one guest pass for lunch, additional guest passes may be purchased prior to the conference. Please contact CABE at (626) 814-4441 for more information regarding guest passes.

We urge you to submit your nomination for this award by doing the following:

1. Have a certificated, classified, or community person complete the nomination form.
 2. Submit a minimum one page description of why this person should be considered as outstanding para-educator for your region
In order to consider the nominee you must include the person's contributions to educational equity and quality education for all students. Nominees must meet the following requirements:
 - a. have been a para-educator for at least two years
 - b. have quality contact with students and parents
 - c. have a background in education, be involved in continuing education or in the community.
- For more information, call CABE Headquarters (626) 814-4441

NOMINEE INFORMATION Please type or print clearly

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	Middle Name	Last Name	Position	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Telephone number	Work Telephone Number	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City		State	Zip
Nominees serves in:	<input type="checkbox"/> Classroom	<input type="checkbox"/> School Site Committees/Councils		
	<input type="checkbox"/> Community	<input type="checkbox"/> School District Committees/Councils	Hours Worked per Week	<input type="text"/>
<input type="text"/>	<input type="text"/>			
School District	Work Place			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site Address	City	State	Zip	

NOMINATOR INFORMATION

Mrs. Ms. Mr. Dr.

<input type="text"/>	<input type="text"/>		
Name	Title		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	Fax Number	Email	

Please return this form along with a one page description postmarked no later than May 8, 2008

CABE Headquarters • 16033 E. San Bernardino Road, Covina CA 91722-3900



PARENT OF THE YEAR AWARD

SAN BERNARDINO/RIVERSIDE COUNTY - REGION IV • MAY 22, 2008

NOMINATION FORM FOR PARENTS WHO HAVE GENEROUSLY SUPPORTED BILINGUAL EDUCATION

Formulario para nominar al padres de familia que ha contribuido efectivamente en favor de la educación bilingüe

Parents who have been nominated for their involvement in bilingual education will be honored during the CABE Para-Educator/Parent conference. If you would like to nominate yourself or someone who has effectively contributed to bilingual education, please complete the following. **All Nominees must be pre-registered for the conference.**

IMPORTANT! Please include a brief explanation (on a separate sheet of paper) about the nominee's involvement and why he/she is being nominated as an outstanding contributor to bilingual education. Our committee will not be able to process nominations without this explanation.

Los padres nominados por su contribución en la educación bilingüe, recibirán un reconocimiento durante la conferencia. Si desea nominarse a sí mismo/a o nominar a alguien que haya contribuido efectivamente en favor de la educación bilingüe, llene el siguiente cuestionario. Todos los nominados deben de estar inscritos para la conferencia al momento de submitir esta nominación.

¡IMPORTANTE! Favor de incluir una breve explicación (en una hoja separada), con las razones por las que el padre/madre de familia debe ser reconocido por su contribución sobresaliente en favor de la educación bilingüe. El comité no procesará nominaciones que no contienen esta información.

Parent Nomination Form (Please type or print clearly - Favor de completar este formulario con letra de molde o máquina)

NOMINEE INFORMATION/ INFORMACIÓN DEL NOMINADO/A

Name of Parent/*Nombre del padres de familia*

Address/*Domicilio* City/*Ciudad* State/*Estado* Zip/*Código Postal*

Telephone/*Teléfono*

NOMINATOR INFORMATION/ NOMBRE DEL QUE HACE LA NOMINACIÓN

Name of Nominator/*Nombre del que nomina*

Address/*Domicilio* City/*Ciudad* State/*Estado* Zip/*Código Postal*

Telephone/*Teléfono*

DISTRICT AND SCHOOL INFORMATION/ INFORMACIÓN DE LA ESCUELA Y EL DISTRITO ESCOLAR

School District/*Distrito Escolar*

District Address/*Domicilio del distrito escolar* City/*Ciudad* State/*Estado* Zip/*Código Postal*

School/*Escuela*

School Address/*Domicilio de la escuela* City/*Ciudad* State/*Estado* Zip/*Código Postal*

District Telephone/*Teléfono del distrito* School Telephone/*Teléfono de la escuela*

No. of Years in Parent Involvement/*Número de años que ha participado en las escuelas*

Nominee Serves/*El padres nominado participa en*

Classroom Community School Site Committees/Councils School District Committees/Councils

El salón de clase La comunidad Comités consejeros escolares Comités consejeros del distrito

Form must be postmarked on or before May 8, 2008 / Favor de enviar esta forma por correo antes del 8 de mayo de 2008

CABE Headquarters • 16033 E. San Bernardino Road, Covina, CA 91722-3900

For questions or more information, contact CABE Headquarters (626) 814-4441

Para mayor información comuníquese a las oficinas de CABE