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 harriss@whsaonline.org.

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 | e traini | ing | sessi | on/pre | senter | guidel | lines. |
|------|--------|------|-----|-------|--------|----------|-----|-------|--------|--------|--------|--------|
| | | | | | | | | | | | | |

| This person will rec more co-presenters, receive conference | eive all conference info , please note that only t | t information for the lead presenter. Formation. If you will present with one or the lead presenter designated here will esponsibility of the lead presenter to presenters. * |
|---|---|---|
| Dr/Mr/Ms: | | |
| First Name: | | |
| Last Name: | | |
| Title: | | |
| Organization: | | |
| Phone: | | |
| Email: | | |
| Street Address: | | |
| City, State Zip: | | |
| word or PDF form presenter is qualified matter contained in | at. The resume/vitae shed to present the propos | or vitae for the lead presenter in hould demonstrate that the lead sed training session and on any subject |
| file, click "upload." Choose File No | * | your file. Once you've selected your Upload |
| Choose File No 3. If you are an ap system for the early | * file selected pproved trainer by The childhood care and edu | |

| lf applicable, p | lease provide co | ntact infor | nation for C | Co-Presenter #3. |
|-------------------------------------|------------------------------------|-------------|--------------|------------------|
| Dr/Mr/Ms: | | | | |
| First Name: | | | | |
| Last Name: | | | | |
| Title: | | | | |
| Organization: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Address: | | | | |
| City, State Zip: | | | | |
| . If Co-Presente ovide his/her R | er #3 is an appro egistry ID #: | ved traineı | by The Reg | jistry, please |

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

| description from another document into t | the box. * |
|--|--|
| | |
| | |
| | |
| | |
| | |
| 13. What is the MAXIMUM number of a numerical value below. | participants for your session? Provide |
| Note: When answering, please keep in mapereparing and providing handouts/necess not enter a maximum audience size num handouts/materials you are willing to pro- | sary materials for session participants. Do ber larger than the number of |
| 14. Who is the intended audience for all that apply. $f *$ | r your training session? Please check |
| 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 Please check all that apply. * | level(s) for your training session? |
| ☐ Beginning/Awareness ☐ Applicati Building | ion/Skill- Advanced/Refinement |
| | |

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.

| your interest below b | y selecting "Over 3. of extending the ses | 0 Hours." The W ssion length. Ple | .0 hours, please indicate /HSA office will contact yease know there are limite rond three hours. * | | | | | |
|---|--|--------------------------------------|--|--|--|--|--|--|
| □ 1.5 Hours | ☐ 3.0 Hours | ☐ Either 1.5 3.0 Hours | | | | | | |
| 17. Please select U | P TO TWO catego | ories which be | st fit your content. * | | | | | |
| ☐ ACF/Office of H | ead Start Regional | Priorities & Fed | leral Initiatives | | | | | |
| ☐ American India | n/Tribal or Migrant/ | /Seasonal Progr | am-Specific Issues | | | | | |
| ☐ Community Part | nerships | | | | | | | |
| Cultural Divers | ity | | | | | | | |
| ☐ Early Childhood Education & Development | | | | | | | | |
| ☐ Early Head Star | ☐ Early Head Start (Pregnant Women, Infants, and Toddlers) | | | | | | | |
| Health, Wellne | ☐ Health, Wellness, and Safety | | | | | | | |
| Leadership, Pro | Leadership, Professional, and/or Organization Development | | | | | | | |
| Program Design | n & Management | | | | | | | |
| ☐ Supporting Fam | ilies | | | | | | | |
| Other | | | | | | | | |
| 18. Please indicate | the day(s) you a | re <i>NOT</i> availal | ole to present. * | | | | | |
| □ Monday, Februa 6, 2012 | ary 🗆 Tuesday 7, 2012 | , February | □ Wednesday, February 8, 2012 | | | | | |
| <u>-</u> | | | ur availability (i.e., I ca | | | | | |

| 20. Are you willing to present y | your session twice? * |
|---|--|
| Yes, anytime I am available presentation | even if it is not the same day as my first |
| Yes, but the first and repeat | presentations must be on the same day |
| O No | |
| | space or set-up accommodations for your ibed the needed accommodations below. |
| (rows of chairs and tables facing (rows of chairs only in the back of | ting rooms will be set-up in a mix of classroom front towards the front of the room) and theater f the room) style seating. A presenter's table with , and projection screen are at the front of each |
| Requests for additional AV equipn | nent cannot be honored. |
| | |
| | |
| knowledge content areas you You must choose at least one amount of time entered should (indicated in question 16). If you indicated "Either 1.5 or 3.0 had amount of time devoted to applicated" | t of time devoted to any/all Registry core will address during your training session. core knowledge content area. The total dequal your preferred session length hours" or "Over 3.0 Hours" please fill in the able core knowledge areas as if the session were |
| 1.5 hours long. | |
| EXAMPLE (for a 1.5 hour sessi Child Development: .75 Developmentally Appropriate Prac Regulatory Policy & Standard: .25 | ctices: .5 |
| Adult Education: | Marketing: |
| Child Development: | Observation & Assessment: |

| Community Collaboration | n: | Organizational | |
|--|----------------------------|---|----------|
| Developmentall Appropriate Practices | - 1 | Management: Personnel | |
| Diversity | | Management: | |
| Family Relationships | | Professionalism: | |
| Finance | | Regulatory Policy & Standards: | |
| Guidance | 2: | Safe & Healthy Environment: | |
| Lega | l: | Special Needs: | |
| 23. Please provide the amou areas you will address during least one CDA content area. equal your preferred session | g your trai The total a | ning session. <i>You must c</i> amount of time entered s | hoose at |
| If you indicated "Either 1.5 or 3, amount of time devoted to applic hours long. | | - | |
| EXAMPLE (for a 1.5 hour ses Steps to advance children's phy Planning a safe, healthy learning | sical and ir | | |
| 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 | |

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.