

Annual Statewide Conference for Teachers of Linguistically and Culturally Diverse Students

ABSTRACT FORM (Please Type or Print)

Name _____ SMITH _____ BETSY _____
Last First

Home Address _____ 1234 AVENUE L _____ BEAR LAKE, IL _____ 60097 _____
Street City Zip

Affiliation _____ MAIN SCHOOL DISTRICT #79.5 _____

Work Address _____ 2497 MAIN STREET _____ MAINTOWN, IL _____ 63636 _____
Street City Zip

Home Phone _____ 708/555-1212 _____ Work Phone _____ 708/555-1212 _____

Co-Presenter(s): (Names will appear in alphabetical order in the program. Please attach an additional sheet if more than one (1) co-presenter. Please include work and home addresses as well as phone numbers for each.)

<u>Last Name</u>	<u>First Name</u>	<u>Affiliation</u>

Home Address _____ Phone _____

Work Address _____ Phone _____

Title of Presentation (10 word limit) BEST INSTRUCTIONAL PRACTICES FOR OLDER NON-LITERATE STUDENTS

Abstract (40 word limit; in outline form)--NOT a paragraph

- Special needs of older non-literate students

- Insufficiency of basals and phonics for older non-literate students

- Adapting literacy practices for older students: Language Experience Approach, shared reading, journals

I would prefer: **A one hour workshop** **A two hour and 15 minute workshop**

Willing to repeat session: X same day and/or _____ on a different day of the conference

Grade Level (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Primary (K-3) | <input type="checkbox"/> Intermediate (4-5) |
| <input type="checkbox"/> Junior High (6-8) | <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> All Grades/All Levels |

Subject Area (Check no more than 2)

- | | |
|---|---|
| <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Family, Culture, Affective/Social Issues |
| <input type="checkbox"/> Content Instruction | <input type="checkbox"/> Language, Literacy and ESL |
| <input type="checkbox"/> Dual Language | <input type="checkbox"/> Policy, Program and Curriculum |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Research, Assessment and Evaluation |
| <input type="checkbox"/> Exceptional Needs | <input type="checkbox"/> Technology |

AV Equipment Needed: Please check any AV equipment you may need. ***If you are planning a Power Point presentation you will need to provide your own LCD projector and computer equipment. NOTE that internet access is not available in presentation rooms regardless of your computer's WI-FI capability.***

- | | | | | |
|---|--|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> TV/DVD | <input type="checkbox"/> Flip Chart/Newsprint | <input type="checkbox"/> CD Player | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Extra table for displaying materials | <input type="checkbox"/> Overhead Projector/Screen | <input type="checkbox"/> Tape Cassette Player | | |
- I am planning a Power Point presentation and will bring my own LCD projector and computer equipment.

Please Return to: J Yanguas, Illinois Resource Center, 2626 S. Clearbrook Dr., Arlington Heights, IL 60005