



Workshop Proposal Form

- Please type or print this form -

- copies of this form can be downloaded from www.nysut.org -

1. Please list the primary presenter (person receiving notification regarding this proposal):

Name:

Title:

District/Professional Affiliation:

Address:

Phone:

Fax:

E-mail:

Please also provide your summer address and contact information, if it will be different from the above address:

2. Name, title, and school district/affiliation of all presenter(s) **as they should appear in conference program (include name of primary contact from above if he/she is presenter):**

NAME

TITLE

DISTRICT/PROFESSIONAL AFFILIATION

3. Workshop Title (to be listed in the conference program):

4. Workshop Description (**exactly** as you want it to be included in the conference program):

5. Which topic strand(s) from the Call for Proposals does this workshop address?

6. What are the existing indicators of success for this program (e.g., increased student test scores, data, multiple measures) that substantiate the merit of including this presentation in this conference? Have other districts or institutions replicated your program?

7. What will your participants know or be able to do at the conclusion of the session?

8. Check those for whom this session might be of particular interest or value:

- | | | |
|---|---|--|
| <input type="checkbox"/> Elementary Teachers | <input type="checkbox"/> Teacher Center Leaders | <input type="checkbox"/> Superintendents |
| <input type="checkbox"/> Middle School Teachers | <input type="checkbox"/> School-Related Professionals | <input type="checkbox"/> School Board Members |
| <input type="checkbox"/> Secondary Teachers | <input type="checkbox"/> Principals | <input type="checkbox"/> Staff Development Specialists |
| <input type="checkbox"/> Special Education Teachers | <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> Parents | | |

9. A The following media support will be provided **if requested in advance**. Please check which item(s) you need:
 Overhead Projector Newsprint flip-chart TV/VCR ISDN Internet Connection

B Indicate your preferred room setting: Round Table Theater Classroom

**IF YOU ARE PLANNING TO DO A POWER POINT PRESENTATION,
PLEASE BRING YOUR OWN LAPTOP AND PROJECTOR.**

10. SCHEDULE: Indicate preference in rank order:

SUNDAY 10/24/04 MONDAY 10/25/04 TUESDAY 10/26/04
 PM AM or PM AM

To encourage a spirit of collaboration and support, proposals from districts should be signed by the superintendent and the local union president.

We, _____, Superintendent,
and _____, local union president of

_____ School District/BOCES, support the above workshop proposal representing our district for the Twenty-Third Annual Statewide Conference on Inservice Education to be held October 24-26, 2004 in Albany, New York.

FAXED MATERIALS CANNOT BE ACCEPTED

Please MAIL three (3) copies of this form by June 4, 2004:
Elizabeth Sheffer, Assistant in Educational Services
New York State United Teachers
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Latham, New York 12110-2455