

Center on Early Learning Fall Conference Quality, Access, & Opportunity for Every Child Proposal Application

September 9th and 10th, 2015
Western Oregon University

Presenter's Name: _____ Professional Title: _____

Organization Name: _____

Mailing Address: _____
Street City State Zip

Phone Numbers: _____
Work Number Cell Number

E-mail Address: _____

If applicable, please provide the following information for any co-presenters.

Co-Presenter's Name: _____ Professional Title: _____

Organization Name: _____

Has your workshop been pre-approved by the Oregon Registry Trainer Program? Yes No

If yes, approved Title: _____ Set: _____

If yes, please send us a copy of your master certificate prior to the conference, so we can use it for your session.

Workshop/Presentation Title:

Description of Workshop (60 word limit):

Please list your objectives (up to 3):

- 1.
- 2.
- 3.

Please indicate Core Knowledge Category (no more than 1 per 1½ to 2 hours of presentation):

- | | |
|---|--|
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Observation & Assessment |
| <input type="checkbox"/> Families & Community Systems | <input type="checkbox"/> Personal, Professional & Leadership Development |
| <input type="checkbox"/> Health, Safety & Nutrition | <input type="checkbox"/> Program Management |
| <input type="checkbox"/> Human Growth & Development | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Learning Environments & Curriculum | <input type="checkbox"/> Understanding & Guiding Behavior |

Please indicate the intended audience (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Child Care Resource & Referral Staff | <input type="checkbox"/> Technical Assistance Providers |
| <input type="checkbox"/> Child Care Resource & Referral Directors | <input type="checkbox"/> Teen Parent Program Staff |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Trainers |
| <input type="checkbox"/> Early Learning Hubs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home Visitors | |

My workshop directly relates to the conference theme:

- Yes No

Please indicate which conference priority applies for your sessions (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Strategies for engaging high needs populations into QRIS | <input type="checkbox"/> Web-based training and support |
| <input type="checkbox"/> Strategies for working with provider networks or cohorts | <input type="checkbox"/> Sharing of a Set Two |
| <input type="checkbox"/> Coaching skills and techniques | <input type="checkbox"/> Strategies for addressing linguistically and culturally diverse audiences |
| | <input type="checkbox"/> None |

Preferred Day of Workshop:

- Wednesday Thursday Either

Preferred Workshop Length:

- 1½ Hours 2½ Hours 3 Hours Training Length is Flexible

What audiovisual equipment will you need provided?

- Screen DVD player Laptop Speakers Website Access

Preferred enrollment limit (confirmation of enrollment will occur prior to conference):

- 15 or less 15-30 Unlimited

Preferred room set-up:

- | | |
|---|---|
| <input type="checkbox"/> Theater (chairs in rows) | <input type="checkbox"/> Banquet (round tables with chairs) |
| <input type="checkbox"/> Classroom (narrow tables in rows with chairs behind) | <input type="checkbox"/> Open with chairs on sides |

Deadline for submission is July 1, 2015.

Applicants will be notified August 2015.

Thank you for your interest in this year's Center on Early Learning Fall Conference

Please submit applications to:

Nathan Winegardner
winegardn@wou.edu