

**Arizona Department of Education**

Early Childhood Unit

Early Childhood Special Education Summit

**February 15-16, 2018**

Black Canyon Conference Center, Phoenix, AZ

Breakout Session Presenter Application

**Return this form by emailing it to at** [**ECEConferences@azed.gov**](mailto:ECEConferences@azed.gov)

**no later than December 31st, 2017.**

You will be notified by January 15th, 2018 if your session has been accepted.

***Please fill out this form in its entirety. This information will be used in reviewing   
proposals, providing descriptions to participants, and selecting room size.***

***The Arizona Department of Education cannot endorse any services, products or applications.***

***Click appropriate box***

**ADE Presenter  External Presenter**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Presenter Name* | |  | | | | | |
| ***ADE Presenters Only***  ***Division / Unit*** | |  | |  | | | |
| ***Title*** | |  | | ***Organization*** |  | | |
| ***Mailing Address*** | |  | | | | | |
| ***City*** |  | | ***State*** |  | | ***Zip*** |  |
| ***E-Mail*** |  | | | ***Day Time Phone***  *(include area code)* | |  | |
| ***Cell Phone Number:*** | |  | | | | | |

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| --- | --- |
| ***Strand*** | Choose an item from this dropdown list. |

|  |  |
| --- | --- |
| ***Brief Session Title***  ***(limit to no more than 5 words)*** |  |
| |  | | --- | | **Session materials are due to ECEConferences@azed.gov on or before February 1st, 2018** |   ***Please answer the following (200 word maximum)***   |  | | --- | | 1. ***Session Description (anticipated to be 90 minutes)*** | |  |  |  | | --- | | 1. ***Learning Outcomes for Session*** | |  | | |

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| --- |
| 1. ***Expected Participant Implementation of Information After Conference*** |
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| --- |
| ***Has this information been presented before?*  Yes  No**  ***If so, when, where and at what event?*** |
|  |

**Target Audience will be (check all that apply):**

***New Special Education Directors*  *Veteran Special Education Directors*  *Preschool Administrators***

***Pre-School Teachers***  ***Private Preschool Programs*  *Kindergarten*  *Coaches***

**Availability (check all that apply):**

**Thursday, February 15th AM  Friday, February 16th (AM)**

**Thursday, February 15th PM  Friday, February 16th (PM)**

**The Arizona Department of Education supports research and evidence-based professional learning for adult**

**learners that includes active engagement. Please check all the methods you will be using during your session.**

**Problem Solving  Concept Maps  Simulations**

**Media (video, music, photos, charts, models, etc.)  Hands-on**

**Use of technology (supporting role only)  Reflection and discussion**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ADE Only - Approved by:***

|  |  |  |
| --- | --- | --- |
| ***Print Supervisor Name*** |  | |
| ***Signature/Date*** |  |  |

***Thank you for your submission.***