

STANYS Annual Conference Workshop Proposal (2017) - WORKSHEET

• = required field

The purpose of the online form is to accept applications from individuals (groups) that are interested in providing professional development to teachers of science at our annual conference. There is a CTLE (Continuing Teacher and Leader Education) section that initiates the process of identifying a workshop for CTLE approval for acceptance as NY State PD hours.

The online form allows for application by single presenter and up to an eight person presenter team. If there are co-presenters, please list first (give information about) the two individuals who would act as team leaders/contacts for the group.

STANYS Institute Workshops are submitted by the DAL.

Subject Area List

Applied Sciences
Biology
Chemistry
Colleges
Earth Science
Elementary Level
Intermediate Level
Physics
Retirees
Professional Deve.
Spec Ed/ELL

Sections List

Catskill-Leatherstocking
Central
Central Western
Eastern
Mohawk Valley
Nassau
New York City
North Central
Northeastern
Northwestern
Southeastern
Southern
Southwestern
Suffolk
Westchester
Western

Lead Presenter/Contact Person

First Name:*

Last Name:*

Email:*

Provide a contact phone number.*
 format = xxx-xxx-xxxx

Provide a home or work address:
 format = street, city, state zip code

Provide an Organization/Company/School affiliation:*

Workshop Position (Lead Presenter, Contact Person, Both):*

Are you a STANYS DAL? * If so, please give Subject Area.

Yes or No	Section
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NOTE: SAR Workshops allow for a maximum of 2 SAR's per workshop for eligible reimbursements (hotel & travel) unless it is an Institute. Institute workshops must be submitted by the DAL for the subject area.

Are you a STANYS SAR? * If so, please give Subject Area.

If a SAR, please give Section.

Yes or No	Section
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Are you a NYS Certified Master Teacher?*

 Yes or No

Do you have a co-presenter(s)?* Yes or No

Lead Co-presenter/Contact Person

First Name-2:

Last Name-2:

Email-2:

Provide a contact phone number-2:
 format = xxx-xxx-xxxx

Provide a home or work address-2:
 format = street, city, state zip code

Provide an Organization/Company/School affiliation-2:

Workshop Position (Lead Presenter, Contact Person, Both) -2:

Are you a STANYS DAL? If so, please give Subject Area -2:

Yes or No	Section
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Are you a STANYS SAR? If so, please give Subject Area -2:

Yes or No	Section
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If a SAR, please give Section -2:

Are you a NYS Certified Master Teacher? -2:

 Yes or No

Note: You will be able to add up to 6 additional co-presenters for a total of 8. For each additional presenter provide the information below.

Additional Co-Presenters (3 – 8)

First Name
Last Name
Organization/Company/School District

Presentation Description and Goals

Title*

Workshop Description – Summary* (max 600 Characters)

Workshop Description – Detailed (Add details as necessary for clarification but please be brief.)

CTLE Inclusion

After you select the related focus of your workshop, indicate which CTLE categories are fulfilled by your workshop by answering "Yes" or "No" for the items labeled CTLE 1 to CTLE 10.

CTLE inclusion and evidence of such will be heavily counted towards workshop acceptance.

Workshop Focus*

Check all that apply.

- Science Content
 Pedagogy
 Meeting the needs of English Language Learners

CTLE 1

Participants will gain knowledge, skill and have the opportunity to **collaborate to improve instruction**

Yes / No

CTLE 2

Participants will gain knowledge, skill and have the opportunity to **collaborate to improve student achievement**

Yes / No

CTLE 3

Participants will gain knowledge and skill to meet the **diverse needs of all students**, including **English language learners**

Yes / No

CTLE 4

Participants will gain the knowledge and skill to create safe, secure, supportive and **equitable learning environments** for all students

Yes / No

CTLE 5

Participants will gain the knowledge, skill and have the opportunity to **collaborate with parents, family members and other community members**

Yes / No

CTLE 6

The workshop presenter uses **disaggregated data and other evidence of student learning** to develop the workshop goals

Yes / No

CTLE 7

The workshop promotes **technological literacy** and promotes the effective use of appropriate technology

Yes / No

CTLE 8

The workshop expands educators' **content knowledge**

Yes / No

CTLE 9

The workshop provides participants with the knowledge and skills necessary to provide rigorous, **developmentally appropriate instructional strategies** and assesses student progress

Yes / No

CTLE 10

The workshop uses **research-based strategies**

Yes / No

Audience/Subject/Logistical Information

Primary Audience* (K-5, Gr. 6-8, Gr. 9-12, College, Informal, Retirees)

Secondary Audience (K-5, Gr. 6-8, Gr. 9-12, College, Informal, Retirees)

Primary Subject* (see Subject Area List)

Secondary Subject (see Subject Area List)

Workshop – Time Required (Single Session, Double Session)

Workshop – Audience Size (If your workshop requires a limit, what is the max number of participants? Otherwise, max. = 40)

Are you a Conference Exhibitor?*

Do you need information or have a request?

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Elementary
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Physics
Retirees
Professional Development
Spec Ed/ELL