Event#IRT 701

Scoring The 2019 NYS Math Assessments
Grades 3, 4, & 5

WHAT: These workshops will assist teachers in the scoring of the 2019 New York State Grades 3-5 Math assessments. Participants will review the NYS scoring materials, including the NYS Scoring Guide and the Scoring Leader Practice Set. Participants will be able to score confidently during building-based assessment review.

*NOTE: Sessions for grade 3, grade 4, and grade 5 will run concurrently. Be sure to indicate below which grade level you will attend – EITHER Grade 3, Grade 4, OR Grade 5.

WHERE: Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224
   Grade 3 – Room B2a  Grade 4 – Room B2b  Grade 5 – Room B1

WHEN: Monday, May 6, 2019  REGISTRATION: 7:45 am
   TIME:  8:15 am – 11:15 am

TARGET AUDIENCE: Elementary School Teachers, particularly scoring leaders & table leaders

FACILITATOR(S): Tricia Husul, Michael Kumrow, Mary Kovach and Sean Christopher

COST: $80/per participant  CODE:  535.009.02
   Charter Schools: $88/per participant (includes the 10% charter fee)

CTLE: CTLE Hours: 3   ELL Hours: 0   Pedagogy Hours: No   Content Hours: YES

Follow your school district’s procedures to register for workshops. For further information, please contact Tricia Husul at thusul@e1b.org.

Please contact Elvie Mertz at (716) 821-7221; FAX (716) 821-7498 or Email: emertz@e1b.org for registration information or cancellations.

***** ALL CANCELLATIONS MUST BE IN WRITING ONLY- Email is accepted! *****

Cancellation Policy: Cancellations are required at least 48 business hours prior to the start of the workshop to allow us to fill the event from our waiting list. Failure to do so will result in your district being charged for the event. All no-shows will be billed for the full amount of the event.

WHEN YOU ARE OFFICIALLY REGISTERED, AN AUTOMATIC EMAIL CONFIRMATION WILL BE SENT. PLEASE MAKE SURE YOUR EMAIL IS CORRECT! We will only contact you for an event postponement or event cancellation or if you are on the wait list.

Registration Form IRT# 701: Please Print to complete this registration portion and return completed flyer to:
   Elvie Mertz, 355 Harlem Rd., W. Seneca, NY 14224 emertz@e1b.org FAX – 716-821-7498

Participant Type:  ○ Administrator  ○ Teacher  ○ Paraprofessional  ○ Other: ______________________
   Sub Reimbursement:  Half:  ○ YES  ○ NO

Grade Level you are attending:  Grade 3 ☐  Grade 4 ☐  Grade 5 ☐

NAME: ____________________________________________ POSITION/GRADE LEVEL: ____________

EMAIL ADDRESS: ____________________________________________________________________

WORK PHONE: (____) _______________ HOME PHONE: (____) ____________ (only needed for event postponement)

DISTRICT: ____________________________ SCHOOL BLDG.: __________________________

NEED CTLE CERTIFICATE?  __NO or  __YES. IF YES, PROVIDE REQUIRED MONTH & DAY OF DOB: ___/___
   *OPTIONAL CTLE INFO FOR CERTIFICATE: Year of DOB: _______ Last 4 Digits of SSN: _______

REQUIRED:  S.D. ADMINISTRATOR’S SIGNATURE: ____________________________ DATE: ____________

*****ALL BILLING WILL GO THROUGH BOCES BILLING UNLESS NOTIFIED OTHERWISE*****