Event: ADM#19-04

2018-2019 Administrator Series
NEW ADMINISTRATORS Professional Learning Community

WHAT:  Upon completion of one of the new administrator sessions (8/16/18 or 12/12/18) or the online sessions, participants will have the background information needed to participate in the Administrator Series and the New Admin PLC. The New Admin PLC will meet 4 times throughout the year as half-day sessions (as a separate event). Attendance to all sessions throughout the year will meet training requirements.

WHERE:  Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224 (Various Rooms)

WHEN: September 19, 2018 – Creation Space
       December 19, 2018 – A2
       March 20, 2019 – A2
       May 21, 2019 – Active Learning Space

REGISTRATION: 8:00 am
TIME: 8:30 am – 11:30 am

TARGET AUDIENCE:  Administrators, Lead Evaluators

FACILITATOR(S):  Jessica Karches

COST:  $320.00 per administrator

CODE:  537.009.02

All districts who pay into the admin base may attend the administrator conference at no additional cost.

For Charters: $352.00 per administrator. This cost includes the 10% Charter processing fee.

CTLE:  CTLE Hours:  3/session   ELL Hours:  0   Pedagogy Hours: Yes   Content Hours: No

Follow your school district’s procedures to register for workshops. For further information, please contact Jessica Karches, (716) 821-7054. For registration information or cancellation, please contact Elvie Mertz at (716) 821-7221; FAX (716) 821-7498; or Email: emertz@e1b.org. Cancellation Policy: Cancellations are required at least 48 business hours prior to the start of the workshop to allow us to fill the class from our waiting list. Failure to do so will result in your district being charged for the class. All no-shows will be billed for the full amount of the workshop.

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 a wait list, event postponement or event cancellation.

Registration Form ADM#19-04: 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:  ½ Day:  YES ○  NO ○
NAME: ________________________________________________________ POSITION/GRADE LEVEL: ___________
EMAIL ADDRESS: ________________________________________________
WORK PHONE: (_____) ___________X______ 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*****