Event: IRT#642

Title: Health Education Teacher Consortium

WHAT: This consortium is a series to foster the continual growth of a Professional Learning Community for Health Education Teachers. The focus is on sharing best practices in curriculum, instruction, and assessment in Health Education. Topics of discussion may include, but are not limited to; State Education Updates, training and deliverables (pre-assessments, data target setting, technology training, Common Core Literacy Standards as it relates to health, etc.). The Health Education Teacher Consortium provides the forum to discuss participant needs and action items. Participants are encouraged to bring district/curriculum relevant materials, current conversation topics needing input, and ideas to each meeting.

WHERE: Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224
Room: B1

WHEN: 2 Day Event:
Wednesday, November 28, 2018
and Monday, May 6, 2019

REGISTRATION: 8:00am
TIME: 8:30am – 3:30pm

TARGET AUDIENCE: Grades 5-12 Health Teachers

FACILITATOR(S): Kate Huber

COST: $320 /per participant
Charter Schools: $352/per participant (For those schools not in the base service, there will be a 10% processing fee)

CTLE: CTLE Hours: 6 ELL Hours: 0 Pedagogy Hours Yes/No Content Hours Yes/No

Follow your school district’s procedures to register for workshops. For further information, please contact Kate Huber, at (716) 821-7566 or khuber@e1b.org. 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 IRT# 642: 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: Full 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*****