Introduction to Restorative Practices

WHAT: During this workshop, we will be developing our capacity around the framework of restorative practices. These practices work on building community and responding to challenging behavior through authentic dialogue, coming to understanding and making things right. Using these methods consistently will help to create calmer, more focused classrooms. Teachers who use these methods often find that the overall proportion of time dedicated to managing behavior is reduced, which means that more instructional time becomes available.

WHERE: Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224  Room: B2a

WHEN: May 7, 2019
REGISTRATION: 8:00 am
TIME: 8:30 am – 3:00 pm

TARGET AUDIENCE: General Education Teachers, Special Education Teachers, Specialists, Guidance Counselors, and School Social Workers.

FACILITATOR(S): Stephanie Baxter

COST: $160/per participant
For Charters: $176/ per participant. This cost includes the 10% Charter 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 Stephanie Baxter at (716) 821-7524. 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 BY EMAIL OR FAX*****

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 an event postponement or event cancellation or if you are on the wait list.

Registration Form IRT#662: 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: O Administrator  O Teacher  O Paraprofessional  O Other: ____________
Sub Reimbursement: Full Day: O YES  O 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*****