K-5 Writing Workshop Consortium

WHAT:
This consortium will support the unique needs of teachers as they grow professionally from ‘dutiful’ teachers of writing workshop into those who create a community where the writing itself leads the writers. Teachers will experience what it means to be an ‘all in’ member of a writing community and explore how the power of relationship and risk-taking lead to powerful writing. Teachers will participate in deep analysis of modeled (live and video) workshop structure, minilessons, writing conferences, and small group writing instruction. An initial agenda will be shared but subsequent agendas will be created by the consortium members and the meeting content will be shaped by the groups’ needs and interests.

WHERE:  Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224
(See below for dates and rooms)

WHEN:  Wednesday, October 17, 2018 – Room A3
Tuesday, December 11, 2018 – Room B2a
Friday, February 8, 2019 – Room A3
Thursday, May 23, 2019 – Room A1

REGISTRATION: 8:15am
TIME: 8:30-3:00

TARGET AUDIENCE:  K-5 Writing Workshop Teachers

FACILITATOR:  Julie Lorusso

COST:  $600/per participant for the series.
For Charters:  $660/per participant for the series.
This cost includes the 10% Charter processing fee.

CODE:  535.009.02

CTLE:  CTLE Hours: 22  ELL Hours: 4  Pedagogy Hours: Yes  Content Hours: Yes
Follow your school district’s procedures to register for workshops. For further information, please contact Julie Lorusso at (716) 821-7595. 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 prior to 8:00 am on October 17, 2018 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#691:  Please Print to complete this registration portion and return completed flyer to:
Elvie Mertz,  355 Harlem Rd., W. Seneca, NY 14224  emertz@e1b.org  Office: 716-821-7221  FAX – 716-821-7498

Participant Type:  O Administrator  O Teacher  O Paraprofessional  O Other:  ____________________
Sub Reimbursement:  Full:  YES  O  NO  O
NAME:  ________________________________________________________  POSITION/GRADE LEVEL:  ____________
EMAIL ADDRESS:  _______________________________________________
WORK PHONE:  (_____) ________X______ HOME PHONE:  (_____) ________ (only needed for event postponement)
DISTRICT:  ______________________________  SCHOOL BLDG.:  __________________

NEED CTLE CERTIFICATE?  O NO or  O 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*****