

Holistic Opportunities for Partnerships in Education

Creating Connections to Support Deaf/DeafBlind/Hard of Hearing Students and their Success in Schools

Call for Proposals

The National Counselors of the Deaf Association cordially invites certified school counselors, school linked mental health therapists, school psychologists and other school related professionals working together to serve the needs of D/DB/HH students across the country to submit presentation proposals that supports the conference theme. Submitted proposals selected should address one or more of the following criteria:

- Applied strategies to support academic success
- Development of partnerships to support learning
- Use and application of tools and materials
- Development of social, emotional and behavior skills
- Access to services for special populations in an academic environment
- Recognition and support of students' culture

Proposals must be submitted via email to the chair by **February 1, 2016.**Decision letters will be sent via email by February 15, 2016.

Please note: All presenters <u>must</u> register for the conference, but will receive <u>one</u> free registration per proposal (ex. two presenters for one workshop, only one gets free registration).

For more information, contact Lisa Wasilowski, Committee Chair

lisa.wasilowski@msad.state.mn.us



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PRESENTATION PROPOSAL FORM

*Please complete & return no later than February 1, 2016 – limit of two presenters per workshop

*WORKSHOP INFORMATION (Please fill out one per session)

Title:

Goals / Outcomes (Please list 3 goals / outcomes):
Participants will be able to:

Description: (Please write a paragraph summarizing your presentation):

Topic Area (check all that apply):

Applied strategies to support academic success
Development of partnerships to support learning
Use and application of tools and materials
Development of social, emotional and behavior skills
Access to services for special populations in an academic environment

Target Student Population:

☐ Birth to age 6

☐ Middle School

☐ Elementary

☐ High School

Other information:

☐ School counselors

□ School social workers

☐ School Psychologists

☐ Recognition and support of students' culture

Target Audience (check all that apply):

☐ School linked Mental Health Therapists

☐ Other: _____

Presenter #1 Name:
Title/Organization representing:
Contract Mailing Address:
Telephone:
Cell Phone:
E-mail address:
Summer E-mail:
Presenter #1 Biography / Background Information (Please write a paragraph about yourself and your background to be used in promotional materials):
References (List names and contact information for two people who have seen you speak and can act as a reference):
Name: Contact information:
Name: Contact information:
Please describe how you are qualified to present on this topic:
PRESENTER #2 INFORMATION Presenter #2 Name:
Title/Organization representing:
Contract Mailing Address:
Telephone:
Cell Phone:

E-mail address:

Presenter #2 Biography / background information (Please write a paragraph about yourself / your background to be used in promotional materials):
References (List names and contact information for two people who have seen you speak and can act as a reference):
Name: Contact information:
Name: Contact information:
Please describe how you are qualified to present on this topic:

Summer E-mail: