

You are invited to submit a proposal for presentation at the twenty-third annual **Pathways Conference** sponsored by the Missouri Department of Elementary and Secondary Education in collaboration with other state agencies and institutions that work with children in crisis or at-risk. For consideration by the review committee you must submit this form and a summary with objectives of your presentation no later than October 1, 2009 to:

**Pathways Conference Proposal,
Custom Meeting Planners, Inc.,
PO Box 30785, Columbia, MO 65205.**

You will be notified by October 31, 2009 of the results of the presentation selection.

Relevant to the Topic of the Conference

- ◆ Utilizing Collaborative Community Resources (*working together*)
- ◆ Evidence Based Practices (*best practices*)
- ◆ Evaluating Outcomes (*measure success*)
- ◆ Cultural Competency (*valuing diversity*)
- ◆ Social Marketing (*change minds/communicate your message*)

Proposals will be evaluated using the following criteria

- ◆ Quality of proposal (*clarity, appropriateness of content innovativeness and creativity of program*)
- ◆ Impact (*likely to be effective in helping at-risk students*)
- ◆ Replication (*practical, can be adapted/adopted*)
- ◆ Objectives (*specific knowledge participants will gain*)

For more information, Phone 573-445-2965 (Conference Planners – Custom Meeting Planners)

Copies of proposal form at the DESE Bulletin Board website at: <http://www.dese.mo.gov/divteachqual/leadership/>

CALL FOR PRESENTATIONS



Working Together for Student Success

Tan-Tar-A Resort • Osage Beach, MO



RETURN SERVICE REQUESTED

Custom Meeting Planners, Inc.
Pathways Conference
P.O. Box 30785
Columbia, MO 65205

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PRESENTATION PROPOSAL FORM

Pathways Conference

Working Together for Student Success



Please type or print.

Title of Presentation: _____

Presenter(s)

Lead Presenter Name: _____ Position: _____

Employer: _____ Fax: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

County _____ District _____ Email Address: _____

Phone Numbers: (work) (_____) _____ (home) (_____) _____

Co-Presenter Name: _____ Position: _____

Employer: _____ Fax: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (work) (_____) _____ (home) (_____) _____

Additional Co-Presenters:

Name: _____ Position/Employer: _____

Name: _____ Position/Employer: _____

* Please attach the names, positions, addresses and telephone numbers of these additional co-presenters.

Audience Your Topic will Primarily Address (check all that apply):

- | | | |
|-------------------------------------|-----------------------------------|-------------------|
| <input type="checkbox"/> Educators: | <input type="checkbox"/> Agencies | |
| ___ Pre to K | ___ Social Services | ___ Policy Makers |
| ___ Elementary Educators | ___ Community Agencies | ___ Public Health |
| ___ Middle School Educators | ___ Law Enforcement | ___ Mental Health |
| ___ High School Educators | ___ Human Resources | |

* All presentations will be allowed a 75 minute time frame with questions and answers.

**All presenters are required to submit handouts, an outline, or presentation information that will be included on a speaker handout cd that all participants will receive.

PRESENTERS ARE NOT PERMITTED TO SELL PRODUCTS

Description of Session:

1. Program Abstract (to be used in the conference program)

In three to four sentences, describe in clear, specific language the content of your presentation so participants attending your session will know what to expect. Give 2-3 specific learning objectives that will meet the expectations of your participants.

2. One-Two Page Summary (required for consideration)

Include how presentation relates to the 5 concepts, (i.e. utilizing collaborative community resources, evidence based practices, evaluating outcomes, social marketing, and cultural competency.) Please include goals, objectives, teaching modality, and presentation delivery.

3. Name one person we may contact as a reference:

Name: _____

Phone Number or E-mail Address: _____

Statement of Intent

My co-presenters and I agree to take part in the program, to provide an electronic copy of our presentation outline or handouts four weeks prior to the conference, and register for the conference. I understand that it will be my responsibility to notify each of my co-presenters regarding the status of the proposal and the date, time and location of the presentation should it be accepted. I understand the lead presenter will be given a complimentary registration, one co-presenter receives a 50% discount on the conference registration, and all others must register at the full fee.

Signature of Lead Presenter: _____ Date: _____

Presentation Due: October 1, 2009