

Application
Circles of Life 2011
Call for Presentations

Lead Presenter Contact Information

(This individual will be the primary contact for the workshop. To add additional speakers, see last page of this form)

Sponsoring Organization (if any): _____
Name and Title: _____
Organization _____
Address: _____
City, State, Zip: _____
Phone and FAX: _____
Web site: _____

Presentation Abstract

Please attach your abstract on a separate sheet of paper. Abstracts should be as simple as possible-no more than two pages. Each abstract should include the following:

- Presentation Title- (may be edited for space)
- Short Summary (25 words or less) for inclusion in the program guide-may be edited for space
- Description of the workshop-This will be used to help the selection committee evaluate your application. Please review the selection criteria listed in #5 on the Information and Instruction sheet.
- Two to Four learning objectives-what will the presenters take away from this presentation?
- Description of the material to be distributed during the presentation
- Brief bio on the presenters- One or two sentences

AV Needs

___ Flip Chart ___ Screen ___ Overhead ___ TV/VCR

Preferred Presentation Time

(Mark in order of preference, 1 for best time, 2, etc. Use 0 to indicate times that will not work)

Focus

If your presentation will be geared toward individuals interested in a specific age range, please indicate below.

Check all that apply.

Infant/Toddler (Birth to Three)

School Age (Ages 6-13)

Other

Early Childhood

Transition (14-22)

Not applicable

Experience Level

If your presentation is geared to individuals who have various levels of Knowledge on presentation topic, please indicate:

Beginner

Experienced

Some basic knowledge

Not Applicable

Presentation Topic Area:

Check on main topic area and circle any subtopic areas your presentation will address

Education

Inclusion, IDEA, IEPs, IFSPs, Early Intervention/Birth to Three, Transition

Families

Fathers, Siblings, Adoptive/Foster Families, Grandparents, Diversity,

Body, Mind and Spirit

Dealing with Stress, Spirituality, Grieving, Parent to Parent

Transition

Employment, post secondary education, housing, independent living, self care

Health Care Issues

Medical Home, Family Centered Care, Mental Health Issues

Services

Long-term care, Medicaid, Private Insurance, Managed Care, Model Programs

Community

Recreation, Social Opportunities, Friendships

Leadership

Parent leadership, Self determination, Public Policy & Systems change

Other related topic areas

Specify _____

Are you willing to repeat your presentation?

____yes ____no

Have you given this presentation before?

____yes ____no

If yes, please list the name of the conference and year presented.

Associate presenter contact information:

Name & Title: _____

Organization: _____

Address: _____

City, State, Zip _____

Phone & FAX _____

E-mail: _____

Web site _____

Mail Three copies to:

John Shaw
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