

Circles of Life 2012 Application
April 26-27, 2012
Call for Proposals

Lead Presenter Contact Information

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

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

Presentation Abstract

Please attach your abstract on a separate sheet of paper. Abstracts should be as simple as possible and no more than two (2) pages. Each abstract should include the following:

- Presentation Title (may be edited for space in the final program).
- Short Summary for inclusion in the program guide (25 words or less and may be edited for space in the final program).
- 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. Describe what information the attendees will learn from this presentation.
- Description of the material to be distributed during the presentation.
- Brief bio on the presenters. Limit to one or two sentences

AV Needs

- Flip Chart Screen Overhead TV/VCR

Preferred Presentation Time

Mark in order of preference: 1 for first choice, 2 for second choice, etc. Use 0 to indicate times that will not work. Session times are approximate.

Thursday, April 26

1:00 – 3:00 pm

3:00 – 5:00 pm

Friday, April 27

8:30 – 10:30 am

10:30 – 12:00 pm

Target Age Range

If your presentation will be targeted 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

Target Experience Level

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

- Beginner
- Not Applicable
- Some basic knowledge
- Experienced

Presentation Topic Area:

Check one 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 to Life after High School/Adult Services and Support**
 - Employment
 - Post-Secondary Education
 - Housing
 - Independent Living
 - Self Care
- Health**
 - 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

Additional Questions

Are you willing to repeat your presentation?

Yes No

Have you given this presentation at a conference previously?

Yes No

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

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Associate Presenter contact information

Please list any additional people who will be a part of this presentation.

Name and Title:	
Organization:	
Address:	
City, State, Zip:	
Phone and FAX:	
Email Address:	
Web site:	

Directions for submission

Mail three (3) copies to:

John Shaw
Elsie Shaw Scholarship Fund Inc
P.O. Box 184
Windsor, WI 53598

Or e-mail to:

John1.shaw@wisconsin.gov

If you have any questions about Circles of Life or the Call for Proposals application process, please contact Kate Johnson at SarahKate.Johnson@wisconsin.gov or (608)267-7844.