**Form Due: September 30, 2017**

**Please email completed form to Thomas Azzarella:** [**tazzarella@akafterschool.org**](mailto:tazzarella@akafterschool.org)

Thank you for submitting a workshop proposal for the Alaska Afterschool Conference. All proposals will be reviewed by our conference selection committee. Below are a few areas of interest for workshop proposals:

* Program management
* Social/Emotional Learning (SEL)
* Language arts
* College & Career Ready
* Health and wellness (physical and emotional)
* Culturally-responsive programming
* STEM or STEAM
* Behavior management
* Family engagement
* Trauma informed care
* Inclusive programming for youth with disabilities
* Secondary programs/teen programming

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| **Presenter Information** | |
| Presenter Name(s): |  |
| Organization/Affiliation: |  |
| Address: |  |
| City: |  |
| State: |  |
| Zip |  |
| Phone(s): |  |
| Email(s): |  |
| Brief Bio(s): *(This bio will be read out loud by the room host at the start of the workshop)* |  |
| **Session Description** | |
| **Workshop Title:** |  |
| **Workshop Description** (*This description will appear in conference program brochure*): |  |
| **Intended Audience** *(check all that apply):* | |
| Instructors of Elementary  Coordinators/Directors/Managers  Instructors of Middle School  All  Instructors of High School  Other (please specify): | |
| **Instructional Plan** | |
| 1. **Learning methods**: *(What type of teaching methods will be used in this session? e.g., lecture, interactive, hands on)*   Lecture: Mostly presenter speaking, showing slides, modeling, giving handouts  Interactive: Some lecture but also large or small group discussion or panel  Hands-on: Some lecture but strong active component, participants learn by doing  Other *(Please Specify):* | |
| 1. **Training Outcomes**: *(Training outcomes specify what the participant will gain, do, learn more about, and/or be able to demonstrate at the end of the session.)* | |
| 1. **Reflection/Assessment**: *(How will you help participants to reflect at the end of the session? Will you have them verbalize, write, take a survey or have them reflect in another way?)* | |
| **Preferred Session Time** *(please check one):* | |
| 50 minutes  75 minutes | |
| **AV Needs** *(please check all items needed):* | |
| LCD Projector  Computer  Speakers  Chart Paper & Markers  Other (please specify): | |
| **Additional Comments:** | |

Please plan for up to 40 participants. All presenters will be responsible for supplying their own copies of materials.

If you have any questions or need help filling out the presenter form, please contact Thomas:

Thomas Azzarella

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