

2018 IN Summit on Out-of-School Learning: Request for Presentations April 9 & 10, 2018 Indiana Convention Center

NOTE: Presentation time = 75 minutes

Submission Deadline for this Form: December 1, 2017

**A PDF version of this form is available for your reference on the IAN website (<http://www.indianaafterschool.org/quality/conferences-special-events/>). HOWEVER- this form must be completed in its entirety-the pdf is only for reference.

* Required

1. Email address *



2. 1. Salutation (Dr., Mr. Mrs., Ms.) *

3. 2. First Name *

4. 3. Middle Initial

5. 4. Last Name *

6. 5. Title *

7. **6. Address ***

8. **7. City ***

9. **8. State ***

10. **9. Zip Code ***

11. **10. Email ***

12. **11. Organization ***

13. **12. Session Title (This title will be used in the program booklet!) ***

Audience Applicability

14. **13. The audience that will directly benefit from this presentation is... ***

We PREFER you select ONE.

Check all that apply.

- Leading and Engaging Youth
- Leading and Engaging a Team or Organization

15. **If you check both – please explain why!**

16. **14. The staff who will benefit the most from this session serve youth in ... ***

Select ALL that apply.

Check all that apply.

- Elementary School/K-5
- Middle School/6th – 8th
- High School/9th – 12th
- Appropriate for any age

Program Description

17. **15. Please write a brief description that you would like to see in the 2018 Summit Program Booklet—this is your chance to market your session! Be creative! (This will be used in the program booklet!) ***

150 words or less

Session Overview

18. **16. Define the objectives and purpose of this session. ***

150 words or less

19. **17. How does this session help support our Summit theme of increasing engagement within programs and/or the field of afterschool? ***

150 words or less

Participant Outcomes

Please complete the sentence below. Name at least 3 outcomes.

20. **18. As a result of attending this session, participants will: (provide answers related to skills, knowledge/information, applicability to their work). ***

21. **19. Describe a successful session for both the participants and the facilitator(s) ***
Please be specific.

Relevance to IN Afterschool Standards and Best Practices

22. **20. Check ALL of the IN Afterschool Standards that your session aligns. ***

They can be found at <http://www.indianaafterschool.org/quality/standards/>
Check all that apply.

- Human Relationships
- Indoor & Outdoor Environments
- Programming and Activities
- Safety, Health, and Nutrition
- Administration
- College and Career Readiness
- Healthy Eating & Physical Activity
- STEM (science, technology, engineering and math)
- Summer Learning
- Family Engagement
- Literacy

23. **21. Describe how this session meets the needs of diverse audiences (cultures, genders, race, special needs, etc.) ***

Foundational Theory, Practice, and/or Research

24. **22. Describe how you will incorporate data, best practices, and/or research into your presentation. ***

150 words or less

Innovating, Interesting and Engaging

25. **23. Check ALL takeaways that participants will take with them at the completion of your session. ***

Takeaways must be provided in hard copy—electronic copies are optional
Check all that apply.

- Lesson Plans
- Templates and/or Graphic organizers
- Student Activities
- Informational materials (brochures, flyers, booklets etc.)
- Resource List

Breakout Room Logistics

26. **24. Every standard breakout room will have a flip chart, markers and an LCD projector/screen. Please select any additional AV needs (Note: this is an extra cost to the conference committee).**

Check all that apply.

- I need audio speakers.

27. **25. Please note: We are unable to provide laptops so please bring your own. If you have a Mac computer—do not forget to bring your adapter—they will not be available! ***

Mark only one oval.

I have read the above statement and understand that I must supply my own laptop and adapters where applicable.

28. **26. Are you willing to facilitate more than once? ***

Mark only one oval.

Yes

No

29. **27. Please list settings/events/conferences where you have previously presented this material. ***

Additional Facilitator Contact Information (Presenter 2)

30. **28. Salutation (Dr., Mr. Mrs., Ms.)**

31. **29. First Name**

32. **30. Middle Initial**

33. **31. Last Name**

34. **32. Title**

35. **33. Address**

36. **34. City**

37. **35. State**

38. **36. Zip Code**

39. **37. Email**

Please Note:

All workshops are noncommercial and not promotional opportunities. Presenter(s) will not solicit any business or promote business during the workshop session. Please note that attendees will be asked for feedback on this matter on the individual workshop session evaluations.

Travel, lodging, materials, and other conference related costs will be covered by the facilitator(s).

40. **I/We agree that by submitting a proposal for presentation at the 2018 Indiana Summit on Out-of-School Learning, each person complies with the facilitator guidelines stated herein.**

Check all that apply.

41. **Type Facilitator Names (First and Last) ***



Send me a copy of my responses.

