

**All presentation proposals must be submitted on this form.
Please DO NOT send supplementary materials. TYPE OR PRINT**

Name _____ Title _____
 School/Organization _____ School Division _____
 School/Organization Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ E-mail Address _____

Co-Presenter (if applicable). _____

I have notified this individual that I am submitting this presentation. Yes No

Name _____
 Title _____
 School/Organization _____
 Address _____
 City/State/Zip _____
 Telephone No. _____

Format: (Check \checkmark One) **CONCURRENT SESSION** **ROUNDTABLE DISCUSSION**

Presentation Title _____

Description of Session (50-75 words) _____

What do you feel the audience will gain from your session? What are your goals and objectives?

This presentation is submitted in the following strands: (Check the most appropriate.)

Strand	Middle Level	High School	All Levels
SOL/Curriculum & Instruction/Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOA/Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCLB /AYP/Teacher Quality/LEP/special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment & Data Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Services and Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administration & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>