

Virginia Department of Education
Office of Compensatory Programs
No Child Left Behind Act (NCLB) Academy

RESPONSE FORM

Please complete one form per school division, and return to Diane Jay by FAX (804) 371-7347 no later than April 22, 2002.

DAY 1

8:30 a.m. Registration; 9 a.m. to 4:30 p.m. Meeting

Target Audience: Superintendent (or designee), Title I Coordinator, and Key Instructional Leader
(Space is limited to no more than three representatives from a school division on Day 1.)

ATTENDEES

(Please type or print clearly.)

School Division: _____ **Region:** _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Title I Coordinator's Phone (_____) _____ FAX (_____) _____

Title I Coordinator's E-Mail Address _____

Are there special dietary or other needs?

DAY 2

9 a.m. to 4:00 p.m. Meeting

Target Audience: Title I Coordinator and Key Instructional Leader
(Space is limited to no more than two representatives from a school division on Day 2.)

ATTENDEES

Name _____ Title _____

Name _____ Title _____

Please advise Diane Jay at 804/225-2905 (djay@pen.k12.va.us) of any attendee changes.

Check 0 attendance location.

Regions II and III
May 2-3
Williamsburg Marriott

Regions I and IV
May 9-10
Wyndham Richmond Airport

Regions VI and VII
May 7-8
Hotel Roanoke

Regions V and VIII
May 16-17
Doubletree Hotel Charlottesville