

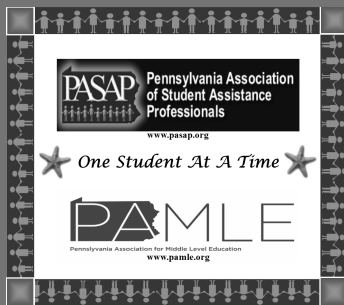
## 2019 PASAP-PAMLE Conference RFP

### Welcome to the 2019 PASAP-PAMLE CONFERENCE RFP

#### INTRODUCTION

The Pennsylvania Association of Student Assistance Professionals (PASAP) and the Pennsylvania Association for Middle Level Education (PAMLE) would like to thank you for your interest in providing a professional development presentation at the 2019 Conference.

**SUBMISSION DEADLINE: FRIDAY, SEPTEMBER 7, 2018**



## 2019 PASAP-PAMLE Conference RFP

### Lead Presenter Contact Information

**Please complete the following contact information for the Lead Presenter. The conference planning committee assumes that the lead presenter is the person who submits the application for presentation. All correspondence will be addressed to that person unless otherwise indicated.**

## 1. Lead Presenter Contact Information

First Name

Last Name

Agency/Organization &  
Title

Address

Address 2

City/Town

State

ZIP/Postal Code

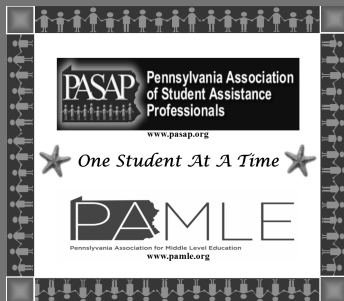
Primary Email Address

Primary Phone  
Number/Ext

## 2. Supplemental Contact Information (if applicable)

Secondary Email Address

Secondary Phone Number



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## PRESENTATION DETAIL SECTION

**Categories of Topics:** Categories of requested topics of interest are listed below. Please note that we are looking for current trends and successful strategies in working with school age children (K-12), the Student Assistance Program process, and related areas of concern and/or support.

**\* 3. Select the category(s) that best describes the content of your presentation.**

- |   |  |
|---|--|
| <input type="checkbox"/> Advisory Group Practices   | <input type="checkbox"/> Prescription / Synthetic / Illegal Drugs and Use                  |
| <input type="checkbox"/> Aftercare Support at School  | <input type="checkbox"/> Relational Aggression   |
| <input type="checkbox"/> Alternative Education Practices  | <input type="checkbox"/> Resiliency and SAP  |
| <input type="checkbox"/> Crisis Management, Intervention, and Postvention   | <input type="checkbox"/> Response to Instruction and Intervention and SAP                  |
| <input type="checkbox"/> Cultural/Ethnic Diversity  | <input type="checkbox"/> Restorative Practices   |
| <input type="checkbox"/> Cyberbullying / Cyber Ethics   | <input type="checkbox"/> School Based Mental Health Services                               |
| <input type="checkbox"/> Data Analysis to Support Intervention  | <input type="checkbox"/> School Crisis Response  |
| <input type="checkbox"/> Effective Leadership and Maintenance Techniques  | <input type="checkbox"/> Self-Injurious Behavior / Students Who Self Injure                |
| <input type="checkbox"/> Elementary SAP Process   | <input type="checkbox"/> Sexting   |
| <input type="checkbox"/> Gambling/Gaming  | <input type="checkbox"/> Social Networking (Pros and Cons)                                 |
| <input type="checkbox"/> Homelessness   | <input type="checkbox"/> Students Who Self Injure  |
| <input type="checkbox"/> Improving Attendance / Preventing Truancy  | <input type="checkbox"/> Suicide Prevention  |
| <input type="checkbox"/> Improving School Climate and School Safety   | <input type="checkbox"/> Supporting Military Families                                      |
| <input type="checkbox"/> LGBTQI (Lesbian, Gay, Bisexual, Transgendered, Questioning, Intersexed)                                      | <input type="checkbox"/> Supporting Non-Traditional Families                               |
| <input type="checkbox"/> Mental Health Disorders (Anxiety, Autism Spectrum, Conduct Disorder, Eating Disorders, OCD, ODD, PTSD, etc.) | <input type="checkbox"/> Technology Addiction  |
| <input type="checkbox"/> Nutrition, Healthy Lifestyles, Wellness  | <input type="checkbox"/> Trauma Informed Care in Schools                                   |
| <input type="checkbox"/> PAYS (PA Youth Survey) and SAP – Utilizing your data   | <input type="checkbox"/> Trends in Drug/Substance Use/Abuse; Concealed Drugs               |
| <input type="checkbox"/> Positive Behavior Support and SAP  | <input type="checkbox"/> Utilizing SAP to Support School Policies Violence / Gang Violence |
| <input type="checkbox"/> Other (please specify)   |  |

**\* 4. Presentation Title (Please be brief/concise. PASAP reserves the right to modify to fit registration and promotional formats)**

**\* 5. Presentation Description (Will be used on the website and in the program booklet) 150 words maximum**

**\* 6. This presentation is designed as a:**

- One hour workshop
- Two hour workshop/plenary session
- One hour keynote at a general session
- Multi-Session/Part Workshop (if selected, provide details in the additional comment section)

Additional Comment

**\* 7. Indicate the training methods you will use in your presentation: (mark all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Lecture/direct instruction | <input type="checkbox"/> Modeling               |
| <input type="checkbox"/> Large group instruction    | <input type="checkbox"/> Simulations            |
| <input type="checkbox"/> Small group instruction    | <input type="checkbox"/> Problem Solving        |
| <input type="checkbox"/> Practical demonstration    | <input type="checkbox"/> Video/Audio Selections |
| <input type="checkbox"/> Role playing               | <input type="checkbox"/> PowerPoint/Prezi       |
| <input type="checkbox"/> Other (please specify)     |   |

**\* 8. Session Learning Objectives/Goals**

Provide a minimum of three (maximum of five) clear, concise, measurable and behaviorally stated instructional learning objectives/goals for the participants in this session. Objectives/Goals must address what the participant would be able to do to increase student achievement and school success as a result of the session not what the instructor expected to do.

Verbs to avoid when writing objectives: to know, to understand, to appreciate, to enjoy, to grasp the significance of, to believe

Verbs to use when writing objectives: to write, to recite, to recognize, to identify, to differentiate, to solve, to construct, to list, to compare, to contrast, to state

(100 character limit for each objective)

For example:

*Participants will identify strategies to effectively implement aftercare support in a school setting.*

**or**

*After attending the session and reviewing the materials provided, participants will recognize the symptoms of suicidal ideation.*

Objective #1	<input type="text"/>
Objective #2	<input type="text"/>
Objective #3	<input type="text"/>
Objective #4	<input type="text"/>
Objective #5	<input type="text"/>

**\* 9. Enter/Paste your session outline here**

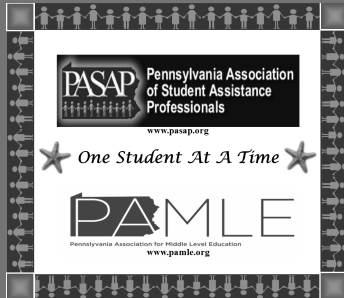
**In addition, Act 48 requires an outline of the content to be provided during the session.**

**\* 10. Session Content**

Please describe how the content of the session will support students in becoming successful learners and/or how it will assist the participant in designing or implementing policies and procedures that support a positive, safe school climate.

**\* 11. Session Relevance**

How does this session contribute to the advancement, extension and enhancement of the professional skills and knowledge of the practice of teaching, social work, school psychology, school counseling, school nursing, Student Assistance Program Team process or therapeutic intervention?



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**SPEAKER PROFILE SECTION**

**Lead Presenter Bio and Picture:**

All presenters are required to provide a brief one or two paragraph biography. As per Act 48 requirements, the biography must include the trainer's credentials and areas of expertise as a way of demonstrating their qualifications to deliver the proposed offerings. A picture is also requested so that it may be included with your profile. Upload your picture below or email your picture as an attachment to [support@pasap.org](mailto:support@pasap.org). Your biography and picture will be used in the conference program booklet, the speaker profile section of the PASAP website, and in conference promotional materials.

12. Upload a recent picture of yourself to be used for conference promotional materials

No file chosen

**\* 13. Enter/Paste your bio here (250 word limit)**

\* 14. **If selected to present, are you able to present during any of the scheduled Concurrent Session and/or Keynote times?**

YES

NO

**15. If no, please indicate the days and sessions during which you are NOT ABLE to present: (check all the apply)**

Sunday, February 24, 2019, Afternoon Plenary Session #1

Sunday, February 24, 2019, Afternoon Plenary Session #2

Monday, February 25, 2019, Mid-Morning Concurrent Session #3

Monday, February 25, 2019, Luncheon Keynote #3

Monday, February 25, 2019, Afternoon Concurrent Session #4

Tuesday, February 26, 2019, Early Morning Concurrent Session #5

Tuesday, February 26, 2019, Late Morning Concurrent Session #6

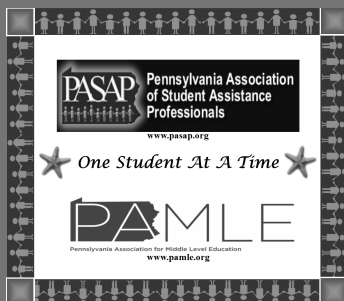
\* 16. **How many co-presenters are you planning to have for your presentation? A maximum of three co-presenters in addition to the lead presenter will be listed in the program.**

None

One Co-Presenter

Two Co-Presenters

Three Co-Presenters



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SPEAKER PROFILE INFORMATION CONTINUED

### 17. Co-Presenter #1 Contact Information

Co-Presenter Name	<input type="text"/>
Agency/Organization & Title	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Primary Email Address	<input type="text"/>
Primary Phone Number/Ext.	<input type="text"/>

18. Upload a recent picture of your co-presenter to be used for conference promotional materials

No file chosen

\* 19. Enter/Paste your co-presenter bio here (250 word limit)

### 20. Co-Presenter #2 Contact Information

Co-Presenter Name	<input type="text"/>
Agency/Organization	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Primary Email Address	<input type="text"/>
Primary Phone Number/Ext.	<input type="text"/>



21. Upload a recent picture of your co-presenter to be used for conference promotional materials

Choose File

No file chosen

\* 22. Enter/Paste your co-presenter bio here (250 word limit)

[Empty text box for co-presenter bio]

23. Co-Presenter #3 Contact Information

Co-Presenter Name [input field]

Agency/Organization [input field]

Address [input field]

Address 2 [input field]

City/Town [input field]

State [input field]

ZIP/Postal Code [input field]

Primary Email Address [input field]

Primary Phone Number/Ext. [input field]

24. Upload a recent picture of your co-presenter to be used for conference promotional materials

Choose File

No file chosen

\* 25. Enter/Paste your co-presenter bio here (250 word limit)

[Empty text box for co-presenter bio]

\* 26. If your proposal is accepted, what are your conference attendance plans?

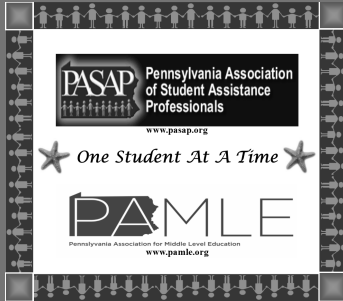
- I plan to register and attend the full conference.
- I plan to register and attend only one day of the conference.
- I plan to register and attend the conference only during the time of my presentation.

\* 27. In the past, I have attended the conference as a

Participant

Presenter

I have not attended the conference



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## Speaker Terms and Conditions

***Please read the Speaker Terms and Conditions listed below carefully. If you have questions, contact us at support@pasap.org.***

## **CONCURRENT SESSION ROOM SETUP AND TECHNOLOGY**

I understand that I will be responsible for providing any technology required for my session (e.g., LCD projector, laptop, speakers) All session rooms will be equipped with a projection screen and a cart/table with power supply.

## **CONFERENCE REGISTRATION**

All presenters are expected to register for the conference, although those who plan to attend only during the time of their session will not be required to pay a registration fee. The conference registration fee includes the cost of materials, meals, snacks and beverages. Presenters may also register for the full conference or for a one day of attendance.

## **SESSION MATERIALS**

Regular sessions will typically draw 15 to 30 participants while Plenary sessions can draw up to 150 participants. I understand that I am responsible for duplicating session handouts and materials that will be provided to participants. Additional information about estimated attendance will be provided to presenters in mid-February 2019.

I acknowledge that I will send an electronic copy of my session handouts to the PASAP office at support@pasap.org prior to the start of the conference at 12:30 p.m. on Sunday, February 24, 2019. An electronic format of the handouts provided to PASAP in advance will be made available to conference attendees prior to the scheduled session.

## **PAYMENT OF SPEAKER FEES**

I acknowledge that as the lead presenter I will receive a \$100.00 stipend for each individual session and that there is one stipend per session (regardless of number of presenters for that session). I also understand that if I present at two sessions, I will receive \$200.00.

I acknowledge that no other expenses will be paid and that I am responsible for expenses including conference registration, mileage, tolls, food, and lodging.

## **SESSION SCHEDULING**

Conference organizers will make every effort to accommodate presenter scheduling needs received by **December 14, 2018**. Change requests made after that date will be accommodated to the extent feasible.

## **SPEAKER CONTRACT**

I understand that a speaker contract will be issued to me for my signature once my RFP has been accepted by the conference planning committee. Included in the language of this contract will be the speaker fees, schedule of my session(s) and any other special considerations that were agreed to with the conference planning committee.

**\* 28. I have read and agree to the Speaker Terms and Conditions**

YES

**\* 29. Type your name in the box to acknowledge completion of the RFP**

**\* 30. Enter date**

Date