



Washington State Organization Workshop Proposal Form

Presenter Name: _____ email: _____

Program Title: _____

Brief description of 45 min. – 1 hr. workshop session. (2 or 3 sentences to be printed in the program booklet/
major topics to be covered)

If appropriate, is the workshop suitable for clock hours: _____yes _____no

Which clock hour objectives per WAC 181-85-202 are met by the workshop? (check all that apply)

- opportunity for participants to collect and analyze evidence related to student learning
- professional certification standards
- paraeducator standards of practice as described in Title 179 WAC
- school and district improvement efforts
- education frameworks and curriculum alignment
- research-based instructional strategies and assessment practices
- content or current or anticipated assignment
- advocacy for students and leadership
- supervision, mentoring, or coaching
- building a collaborative learning community

Does this workshop have an emphasis on STEM integration? _____yes _____no

(Check 2 or more items below that will be included in workshop)

- 1. Will the STEM activity have an impact on STEM experiences for students?
- 2. Does the STEM activity provide examples or resources to use with students or educators?
- 3. Does the STEM activity provide examples or resources about STEM related career choices?

Course/workshop objectives:

Additional Presenters (if any): _____

Note: a resume or vita is required for each presenter (see attached, page 3)

Name and email of your presider/facilitator if known (welcome participants, introduce presenter, help with
handouts, seating etc.) _____ email _____

I will provide notes to be published on the state website: ___ YES ___ NO

I will need a scribe to take notes to be published on the state website: ___ YES ___ NO

AV NEEDS:

*** Please note: the state is very limited on access to AV equipment. It is suggested that, when possible, presenters use their own projector/laptop.

Please check your needs: ___Screen/AV table ___Microphone ___Projector

___Extension Cord Table (Size)_____ Other (please indicate)_____

Other requests or comments:

Vitae/resume: please check the appropriate comment below:

___ Curriculum vitae/resume form attached

___ Other resume attached

___ Vitae/resume previously submitted (must be within last two years) (date) _____

***All materials and expenses are the responsibility of the presenter.

Alpha Sigma State (WA) cannot reimburse presenters for a workshop session. An exception MAY be made for NON-DKG members, in which case, such presenters MAY be offered a small honorarium.

*Please save this form for your records and send your workshop proposal request to:

Alpha Sigma State 1st VP Pat Bennett-Forman bennettforman.p@gmail.com or
20840 Gala Way NE, Poulsbo, WA 98370

Due by June 15 for Fall Board; December 15 for Spring Convention;
May 1 for Rainbow Lodge/Dumas Bay

DKG: approved ___ denied ___

Approval signature (president or designee) _____ date _____