Workshop Proposal Form

Pamper the Provider Conference

Each workshop presented at this conference is **90** minutes in length and class sizes 80-150 participants. The following are potential topics: Child Care Start-up, Marketing, Contracts & Policies, Children's behavior issues, Child development, Child Care Provider/Parent partnerships, Connections to community resources, brain development, Child care activities or curriculum

Today's Date:	
Workshop Title:	
First Name	
Last Name	
Title	
Organization	
Street Address	
City	
State	
Zip Code	
Telephone number	
Cell number	
Email Address	
Website	
Co-presenter name, if applicable	

Workshop Description: Write a 30-60 word description of the workshop as you would like it to appear in the conference program:

_____

Indicate how your training relates to recognized professional development standards. Refer to the Minnesota Early Childhood or School Age Core Competencies. These can be found at http://www.mncpd.org/

MN Core Competencies:	**CDA Competency Areas**:
☐ Child Growth and Development, Level	☐ Safety
☐ Learning Environment and Curriculum, Level	☐ Healthy
☐ Promoting Physical Development, Level	☐ Learning environment
☐ Promoting Language Development and Literacy, Level	☐ Physical
☐ Promoting Cognitive Development, Level	☐ Cognitive
☐ Promoting Personal and Social Development, Level	☐ Communication
☐ Promoting Creativity and the Arts, Level	☐ Creative
☐ Assessment and Planning For Individual Needs, Level	☐ Self
☐ Interaction with Children, Level	☐ Social
☐ Families and Communities, Level	☐ Guidance
☐ Health, Safety, and Nutrition, Level	☐ Families
☐ Program Planning and Evaluation, Level	☐ Program management
☐ Professional Development and Leadership, Level	☐ Professionalism

Target Audience:	**Target Ages:**
☐ Family Child Care ☐ Center-Based Child Care ☐ Head Start ☐ Early Childhood Special Ed. ☐ School-Age Care ☐ Adults ☐ Parents	☐ Infant/toddler ☐ Preschool ☐ Kindergarten ☐ School-Age

Outline: Write a brief outline of the workshop with main points you plan to cover.

Objectives: List three to five objectives of your training. What will the training offer to participants and the children and families they serve? What will they learn?

Bio: Tell us about yourself (background, professional and education experience relating to your topic, speaking experience).

Presentation Method(s) - Check all that apply

- ☐ Lecture
- ☐ Panel Discussion
- ☐ Large Group Discussion
- ☐ Small Group Discussion
- ☐ Question and Answer
- ☐ Role Play/Simulation
- ☐ Hands-On
- ☐ Make It Take It

Are you willing to present your workshop twice?

☐ Yes ☐ No

Are you a Minnesota Center for Professional Development (MNCPD) approved trainer?

☐ Yes ☐ No

Submit proposal by mailing to: Providers Choice, Inc. 10901 Red Circle Drive, Suite 100, Minnetonka, MN 55343. Attn: Jill Weldon.

If you have any questions contact Jill at 952-345-8122 or jweldon@providerschoice.com
Thank you for submitting a proposal. We look forward to seeing you in September.