



# Request for Proposals

Contact person name \*

Contact person email \*

How did you hear about presenting at the Early Intervention and Preschool Conference? \*

Have you or anyone in your group presented at the Early Intervention and Preschool Conference before? \*

Yes

No

## General Session Information

Session title \*

Your session title is the first piece of information attendees will see and use to decide if they want to come to your session. It is important that your title is clear and gives attendees some idea of what your session is about. Your title should not be a full sentence. Please do not include abbreviations, acronyms, or professional jargon unless explained in the title.

Brief description (3-5 complete sentences) \*

**Instructional level (select all that apply) \***

- Introductory
- Intermediate
- Advanced
- All levels

**Content area (choose ONE area that is the primary focus of your session) \***

Motor (intermediate to advanced content relevant to mainly Physical Therapists or Occupational Therapists)

Speech/Language/Hearing (intermediate to advanced content relevant to Speech-Language Pathologists or those working with children with speech delays or hearing differences)

Preschool/Classroom (private or public preschool teachers, private childcare teachers, or others working in a birth-5 classroom)

Home Visitation (e.g. HIPPY, Parents as Teachers, Early Intervention Developmental Specialists, or other professionals who provide services to children ages birth-5 with developmental delays or disabilities in the home environment)

Social/Emotional (mental health, behavioral, or social-emotional issues for children and/or families)

Other (introductory to intermediate content geared toward a wide audience that may include parents- includes general child development, parent perspectives, content for administrators, or other appropriate topics that do not fit in another category)

**Content is appropriate for ALL audience types? \***

**Audience Types, choose 1-3 options \***

- Early Intervention/Birth-3
- Classroom/Preschool
- Home Visitation (EI, HIPPY, PAT, etc.)
- Families
- PTs/OTs
- SLPs/Audiologists

## Learning Objectives

To help with the CEU approval process, please phrase objectives as "Participants will...". Avoid vague words such as: "understand", "know", "become aware of", or "become familiar with" as these are difficult to measure. Instead, choose action verbs, such as "perform", "identify", "describe", "explain", "demonstrate". Three objectives are required, but no more than five please.

**Learning objective # 1 \***

**Learning objective # 2 \***

**Learning objective # 3 \***

**Learning objective # 4 (optional)**

**Learning objective # 5 (optional)**

## **Presenter Information**

If your proposal is accepted, you will be allowed to add/change presenters as needed up to 30 days prior to the conference. Please note: Only two presenter conference registration fees will be waived per session without prior approval. Additional presenters must register as general attendees. More than four total presenters must be approved by conference planners.

**Lead presenter name INCLUDING any credentials \***

Please complete exactly how you would like to have the name listed in the conference agenda and on the website

**Lead presenter email \***

**Lead presenter bio (brief-about a paragraph) \***

No CVs or resumes, please

**Co-presenter # 1 name INCLUDING any credentials**

**Co-presenter # 1 email**

**Co-presenter # 1 bio (brief-about a paragraph)**

No CVs or resumes, please

**Co-presenter # 2 name INCLUDING any credentials**

Please complete exactly how you would like to have the name listed in the conference agenda and on the website

**Co-presenter # 2 email**

**Co-presenter # 2 bio (brief-about a paragraph)**

No CVs or resumes, please

**Co-presenter # 3 INCLUDING any credentials**

Please complete exactly how you would like to have the name listed in the conference agenda and on the website

**Co-presenter # 3 email**

**Co-presenter # 3 bio (brief-about a paragraph)**

**Session format (select all that apply) \***

- Lecture
- Discussion
- Hands-on
- Other

**Specific Session Information**

This section is to help conference planners with scheduling session days/times as well as rooms. This information will be confirmed and updated as needed upon acceptance of your proposal and closer to conference time.

**Session length (preferred) \***

- 60 minutes
- 90 minutes
- 60-90 minutes

**Tables (room set up will generally be theater style unless specific table needs require classroom set up) \***

- Session is hands-on and REQUIRES tables
- Session is NOT hands-on but tables are PREFERRED
- Additional table needed for materials, exhibits, etc.
- No additional tables needed

**Availability (Please select all times you and any co-presenters will be available. Dates and times will be confirmed with you upon acceptance of your proposal.) \***

- Monday, October 28th AM (approximately 8 a.m. - noon)
- Monday, October 28th PM (approximately noon - 5 p.m.)
- Tuesday, October 29th AM (approximately 8 a.m. - noon)
- Tuesday, October 29th PM (approximately noon - 5 p.m.)
- Wednesday, October 30th AM (approximately 8 a.m. - noon)

**A/V or technology needs (Laptops, projectors/screens, a podium microphone, and Wi-Fi will be provided in each room. Requests will be confirmed with you upon acceptance of your proposal and closer to conference dates.) \***

I will bring my own equipment

Adapter for iPad/iPhone/Macbook

External speakers/sound capabilities

Additional microphones for panelists

None

Other