

Spring Conference 2021 Presenter Application

***In response to the continuing COVID-19 situation, our Spring Conference will be taking place virtually this year.***

***The spring conference will happen in the zoom platfrom over an 8 day period- Friday April 30- Saturday May 8 We will offer participants morning, afternoon and evening options.***

***We are accepting a variety of sets with priority given to Set Two and Set Three sessions.***

**It is preferred that presenters have experience in presenting virtually, but it is not mandatory.**

**ORAEYC Conference Purposes**

* Provide training and resources for all who work with children and families.
* Embrace diversity, counteract bias and adopt inclusive practices.
* Promote partnerships, networking and collaboration between families, providers, schools, agencies and the community.
* Enhance the professional development of all participants.

**Criteria:** Presentations will be selected based on the following criteria:

* Incorporates anti-bias principles, developmentally appropriate practice and culturally sensitive practices. The concept of **developmental appropriateness** has three dimensions:

***Age appropriateness***-- Knowledge of age-related human characteristics that permit general predictions within an age range of what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and challenging to children;

***Individual Appropriateness***-- Knowledge about the strengths, interests, and needs of each individual child in the group to be able to adapt for and be responsive to inevitable human variation; and

***Social and Cultural Appropriateness***– Knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and their families.

* Reflects hands-on experiences as well as applied research and offers achievable outcomes for participants.
* Content can be applied **without using a specific product or service** – presentations that are a “sales pitch” will not be considered. Presenters who have materials to sell will receive a complementary space on our conference vendors & sponsor page.
* Presenter has educational and work experience related to the core knowledge area addressed by the presentation, experience teaching adults and knowledge of adult learning

**Conference Honoraria: Set One & Set Two:** Theprimary workshop presenter receives a choice of honoraria; either $50 (per 2 hour session) or $75.00 (per three hour session) or an NAEYC/ORAEYC Standard membership. If there is a co-presenter, they are entitled to an NAEYC/ORAEYC Standard membership upon request. **Set Three:** The primary presenter receives either a $100 honorarium or an NAEYC/ORAEYC Premium Membership (per 3 hour session) . If there is a co- presenter, they will receive the Standard NAEYC/ORAEYC membership upon request.

**Deadlines: Priority is given to those proposals received by March 5th, 2021.** All application are reviewed by the Conference Committee. Applications received after deadline will be considered on a space-available basis. Applicants will be notified by March 12th. Mail to: ORAEYC, PO Box 60, Gladstone, Oregon 97027, email to [sara@oregonaeyc.org](mailto:sara@oregonaeyc.org) or fax to 503-496-0520.

**For More Information** please contact **ORAEYC at 503-496-3991 or email Sara**. We appreciate your support of ORAEYC and sharing your expertise with the diverse childhood care and education community.

Application to Present – Spring 2021: Page 1 of 2

**PRIMARY PRESENTER**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation/Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. AA, BS, MA, Oregon Registry Community or Master Trainer)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Presenter (if applicable)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation/Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Logistical Information:**

**AVAILABILITY:** Please indicate when you are available to give your presentation (check all that apply):

**DAY/S:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

**TIME:** ☐ 9:00- noon ☐ 1:00- 4:00pm ☐ 6:00- 9:00pm

* Sessions can be shorter in length, but held in these time slots. Please indicate the session length if it is shorter than 3 hrs (here) \_\_\_\_\_\_\_\_\_\_\_\_.
* Sessions can be longer in length. Please indicate the session length if it is longer than 3 hours:\_\_\_\_\_\_\_\_\_.

**PREFERRED ENROLLMENT LIMIT:** (Registered participants have access to all sessions. If your session requires a maximum number set due to content delivery concerns, please mark the box below and give us the max. number you can accommodate.)

☐ \_\_\_\_\_\_\_\_(max. enrollment)

**PRESENTER COMFORT LEVEL IN VIRTUAL TRAINING:**  ☐ New format to me ☐ Limited experience in virtual training ☐ Very comfortable in virtual training

**I WILL REQUIRE TRAINING IN PROVIDING A VIRTUAL PRESENTATION:**    
☐ NO ☐ YES   
 ☐ ensuring my normally face-to-face training meets OCCD criteria for virtual training ☐ in developing small group breakout groups ☐ Other: please describe:

**HAND-OUTS**: Please send ORAEYC a copy of you handouts by April 23rd. You will have the ability to “drop” your files into your session for participants.

**HONORARIA PREFERENCE: Please choose ONE**☐ Donate my time☐ ORAEYC/NAEYC Membership (s) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Honorarium(s) to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Donate my honoraria to the Merrily Hass scholarship porgram

**EXHIBIT SPACE:** (indicate if you want a complimentary **virtual** **exhibit space with vendors/sponsors on the conference page of our website**)

☐ **YES**  ☐ **NO**

Workshop Information: Page 2 of 2

**PRESENTATION HISTORY** If you have **not** presented for ORAEYC during the past few years, please attach a professional reference or name of a conference or training where you were a presenter; include name and phone number of contact person. If you have questions about the **Oregon Registry and the Registry Trainer system**, call the Oregon Center for Career Development at 503-725-8535 or 1-877-725-8535 or visit [www.pdx.edu/occd](http://www.pdx.edu/occd)

**Has your workshop been pre-approved by the Oregon Registry Trainer Program? ☐ Yes ☐ No   
  
If yes, approved Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Set: \_\_\_\_\_\_ CKC:\_\_\_\_\_\_\_\_\_ Age(s):\_\_\_\_\_\_**

**(If YES, you may submit your Oregon Registry Training Proposal form instead of this page.)**

**Level of Presentation:** (You must have a Bachelor’s degree, Oregon Registry Step 10 or equivalent to offer a Set 2 or 3 training).

**☐ Introductory - Set One –** overview, define, explain, discuss, understand

**☐ Intermediate - Set Two –** application, development, examination, exploration, implementation, practice, selection

**☐ Advanced - Set Three –** critical examination through in-depth study, conducting research, strategies, theory

**AGE GROUP FOCUS OF PRESENTATION**: C*heck the most applicable, but* ***no more than three.***

☐ Ages 0-3 Infants and Toddlers ☐ Ages 3-5 Preschool

☐ Ages 5-8 Kindergarten/Primary

☐ Ages 5-12 School Age Care and Enrichment and Elementary

☐ Adult Learning and Development

☐ Not applicable

**Indicate Core Knowledge Category. If you choose more than 1 category, please indicate the number of hours for each category.**

☐ Diversity\_\_\_\_

☐ Families & Community Systems\_\_\_\_

☐ Health, Safety & Nutrition\_\_\_\_

☐ Human Growth & Development\_\_\_\_

☐ Learning Environments & Curriculum\_\_\_\_

☐ Observation & Assessment\_\_\_\_

☐ Personal, Professional & Leadership Development\_\_\_\_

☐ Program Management\_\_\_\_

☐ Special Needs\_\_\_\_

☐ Understanding & Guiding Behavior\_\_\_\_

**Language of Presentation: □ English □ Spanish □ Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We recommend that all presenters speak English, either as a first or second language. If presenting in another language, your workshop title and description must be written in **both** English and the other language.

**WORKSHOP INFORMATION** *We reserve the right to edit proposal titles and descriptions.* ***Either attach a separate sheet with the following information or expand the spaces.*** *Please adhere to word limit.*

**A. TITLE (60 CHARACTER LIMIT**)

**B. DESCRIPTION FOR BROCHURE (60 word limit)** Please help participants know what to expect from your presentation: what will it cover - how will it be covered - who should be interested? Make you description **short and enticing**.

**C. Workshop Objectives (1 to 3 per session) to be used for evaluations** *Samples: I practiced two strategies to enhance language development. I learned five baby signs. I can describe the importance of communicating with families.*

**D. Brief outline of your presentation including at least one reflective activity and one professional action activity.**

Examples of **reflective activities** include: “write down a recent example of a challenging behavior” or “write or draw about a time when…”

Examples of **professional action**: “tell someone at your table what you will implement from this session” or “record a personal/professional commitment based on this training.”

**E. Cite at least one current professional reference or resource (book, journal article, etc.) used in developing this session.**

***Please return by March 5, 2021*for consideration:   
ORAEYC Proposals • PO Box 60 • Gladstone • OR 97027   
o**r FAX: (503) 496-0520 or E-mail: [sara@oregonaeyc.org](mailto:sara@oregonaeyc.org)  
*we will accept late applications as space is available*