



2018 KToT Call for Presentation Proposal

September 29, 2018

Mesquite Convention Center

PRESENTER: (also to serve as group contact person)

Name _____ Title/Position _____

Current KToT Member _____ yes _____ no District: _____

Home Address _____ School: _____

City _____ State _____ Zip _____ Work Phone _____

Home Phone _____ E-mail _____

Company affiliation (if any) _____

CO-PRESENTER:

Name _____ Title/Position _____

Current KToT Member _____ yes _____ no District: _____

Home Address _____ School: _____

City _____ State _____ Zip _____ Work Phone _____

Home Phone _____ E-mail _____

Company affiliation (if any) _____

This proposal is submitted in the following category: (check one)

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Family Education | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Learning & the Brain | <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Games/PE |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Math |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Diverse Needs of Children | <input type="checkbox"/> Integrated Curriculum | <input type="checkbox"/> Issues |
| <input type="checkbox"/> Research | <input type="checkbox"/> Multi-Cultural | <input type="checkbox"/> Visual & Performing Arts | |
| <input type="checkbox"/> Organization Skills | <input type="checkbox"/> Technology | Other _____ | |

This proposal is submitted to focus on the following grade level(s) (please mark all that apply):

PK K 1st

PRESENTATION TITLE: (Maximum 10 words or less)

This title will be the title to your session that is printed in the flyer and program.

DESCRIPTION OF PRESENTATION FOR FLYER AND PROGRAM (35 words or less)

_____ I have presented at KToT State Conference(s).

Year(s) _____ Location(s) _____

_____ I have presented for other audiences / organizations. Please list.

_____ I have presented this same workshop before. (where and when)

PRESENTATION FORMAT:

- _____ Lecture/Presentation/Discussion
- _____ Hands-on Activities
- _____ Small Group Activities
- _____ Movement

EQUIPMENT NEEDED:

- _____ tables for display purposes

ROOM SETUP:

- _____ Room will be set in theater style (chairs only)
- _____ Classroom style (with tables)
- _____ Floor space only

Additional equipment including LCD projectors and screens are not provided by KToT. Wi-Fi/Internet availability will depend on agreement made by hotel and AV Company. The hotel will have this availability for the individual to purchase if needed.

REFERENCES:

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

BENEFITS TO PRESENTER

KToT will provide the cost of your conference registration fee and lunch on presentation day and an honorarium.

SELECTION PROCESS: Proposals are considered on: developmentally appropriate early childhood practices, complete information listed, and current educational topic. Complete proposals must be to KToT by February 1, 2018 to be considered for the 2018 conference. Presenters will be notified by the April, 2018.

Submit online: www.ktot.org/presenters

Mail to: Taylor Weber
tweber@mesquiteisd.org