

HARVEY PUBLIC SCHOOLS DISTRICT 152
CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit open copy of any information you may have concerning this request at least **TWO WEEKS BEFORE** requested C/C/W date(s).

Name of Person (please print):

Jaime D. Castillo

Grade/Subject/School:

7th/8th Inclusion Brooks Middle School

Name/Date of C/C/W:

Council for Exceptional Children April 19-23, 2017

Location of C/C/W:

Boston, MA

Give a tentative summary of expected expenses (s):

Registration:

\$ 573

Travel:

\$ 224.96 Southwest

Food:

\$ 80 Dinner

Lodging:

\$ 1,085 4 Nights

Other:

\$ 105 CEC Membership + Shuttle

Estimated Total

\$ ~~2,087.96~~

\$ 2,127.96

Will a substitute be required?

Yes ☒ No ☒

All Day?

LONG RANGE PLANS

GOALS

☒ Explain what you desire to gain by attendance.

Understanding roles and responsibilities of both general and special educators in the co-taught class, specifically designed instruction in co-teaching, and co-teaching structure. Identify high level, challenging learning experiences.

Applicant's Sig/Date

Jaime D. Castillo 11/22

Principal's Sig/Date

M. J. 11-23-16

Administrator's Sig/Date

William B. 12/6/16

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO THE PROGRAM ADMINISTRATOR WITHIN TWO WEEKS AFTER THE CONFERENCE/CONVENTION/WORKSHOP, ALONG WITH THE APPLICABLE EXPENSE REPORT. EXPENSES WITHOUT VALID RECEIPTS WILL NOT BE HONORED.

☐ Approved Date: _____

☐

Disapproved Date: _____

Account Name/Number 10-2210-390-99-46201 P.O. # _____

CHECK REQUEST:

☐ Accounts Payable

☐ Payroll

☐ Imprest

Substitute Account Name/Number: _____

Name of Substitute Called: _____

Business Manager Signature/Date

K. Carpenter 12-9-16

Superintendent's Signature/Date

12/12/2016

COPIES TO: _____

FORM #140 REVISED 8/01

DEC 16 3:14 PM



Please type or print the information requested below. Your badge and confirmation information will be taken directly from this form. Please read our cancellation/refund policy located on page 2 and on CEC's Web Site (cecconvention.org). Thank you

Is this your first CEC Convention? ☐ Yes: ☒ No

Jaime Castillo
First Name Last Name

Inclusion Teacher
Job Title (Required)

Harvey School District 152
School District or Organization

14741 Wallace St
Address ☐ Home ☒ Work

Harvey, IL 60426
City State/Province Zip/Postal Code

jcastillo@harvey152.org
Email (Required) Country

773-443-6399
FAX number, including area code Daytime Telephone No.



CEC events are ADA accessible. If you require special provisions or services, please check below and indicate the accommodation needed. In addition, please e-mail details to Renee Glasby at reneeg@cec.sped.org. We must hear from you no later than March 1, 2017 to assist you with your request.

☐ Yes, special accommodations/services are necessary.

Please specify _____

FIVE WAYS TO REGISTER

By Mail (include this form):
CEC 2017 Convention & Expo
P.O. Box 79026
Baltimore, MD 21279-0026

By Fax: Fax completed form to:
(703) 264-9494

By Email: service@cec.sped.org

By Phone:
Toll-Free (within the U.S.)
1-888-232-7733
703-620-3660
TTY 1-866-915-5000

Online (with credit card):
cecconvention.org

REGISTRATION FORM

(Rates and Policies on page 2)

CONVENTION WORKSHOPS

Workshops require an additional fee to attend. Check the workshop(s) you would like to attend and enter the total cost below. Workshop descriptions can be found on pages 3, 4, and 5 and at cecconvention.org!

♦ ♦ ♦ WORKSHOP RATES ARE ON PAGE 2 ♦ ♦ ♦

Wednesday, April 19 – Full Day – 9 a.m. – 4 p.m.

- ☐ #1 - Administrators: What You Need to Know About Special Education
- ☐ #2 - Bring It On: Applying UDL to Collaborative Planning
- ☐ #3 - CEC Program Reviewer Workshop
- ☐ #4 - CEC Program Developer Workshop
- ☐ #5 - Developing Legally Defensible IEPs
- ☐ #6 - Must-Know Legal and Ethical Issues Involving Paraeducator Employment, Supervision, and Training
- ☐ #7 - Preparing Students With Disabilities for Successful Transition to College
- ☐ #8 - THINK DEVELOPMENTALLY! Linking Classroom Practice to Assessment, Achievement, and Accountability

Wednesday, April 19 – Half Day – 9:00 a.m. – 12:00 p.m.

- ☐ #9 - Administrators & Mentors: You Can Help New Special Education Teachers Thrive in the Classroom!
- ☒ #10 - Co-Teaching: Putting All the Pieces Together for Student Success
- ☐ #11 - Understanding Students With Mental Health Needs: Strategies and Supports for Educators and Families
- ☐ #12 - What Every Educator Needs to Know About Coming Changes to Special Education Policy

Wednesday, April 19 – Half Day – 1:00 – 4:00 p.m.

- ☐ #13 - Co-Teaching: We Know the Basics...What's Next?
- ☐ #14 - Resilience-Based Interaction Model (RIM): Supporting Children's Behavioral and Mental Health
- ☐ #15 - Taking Charge! How to Promote Self-Regulated Learning Every Day
- ☐ #16 - What's the Deal With Assistive Technology? A Dynamic Conversation

Saturday, April 22 – Half Day – 9:00 a.m. – 12:00 p.m.

- ☐ #17 - Charting the Course: Special Education & Charter Schools
- ☐ #18 - Creating Culturally Responsive Education to Address Disproportionality: Seeking Equity
- ☒ #19 - Differentiation Made Simple: Change Your Favorite Lessons Into Differentiated Ones
- ☐ #20 - Innovative Practices in Classroom and Behavior Management
- ☐ #21 - Seamless Transition: Why and How

Workshop Total \$ 178

♦ ♦ ♦ REGISTRATION RATES ARE ON PAGE 2 ♦ ♦ ♦

FULL CONVENTION REGISTRATION (April 19-22)

☒ Wednesday, April 19 through Saturday, April 22 \$ 395

(Convention workshops are not included in full convention rates.)

SINGLE DAY(S) CONVENTION REGISTRATION

☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday \$ _____
(Convention workshops are not included in single day rates.)

FLEX PASS PACKAGE (see page 2 for complete description)

☐ 12 passes x _____ x \$1,650 = \$ _____
(# of packages)

(Convention workshops are not included in flex pass package rates.)

TOTAL AMOUNT DUE \$ 573

Are you registering with a group? ☐ YES ☐ NO
Remember, all forms must be submitted together to be eligible for a group discount (5 or more).

PAYMENT INFORMATION

☐ Check (payable to CEC) ☐ Credit Card ☐ Purchase order (copy attached)

Credit Card # _____ / _____ / _____ Expire Date _____

Security Code _____ Print Name _____

Signature _____

Español


[FLIGHT](#) | [HOTEL](#) | [CAR](#) | [SPECIAL OFFERS](#) | [RAPID REWARDS®](#) [C](#)

Chicago (Midway), IL to Boston Logan, MA

Air
Total Price: \$224.96

ITINERARY

Travel Date	Flight Segments			Flight Summary
DEPART APR 19 WED	06:20 AM	Depart Chicago (Midway), IL (MDW) on Southwest Airlines	Flight #349	Wednesday, April 19, 2017
	09:35 AM	Arrive in Boston Logan, MA (BOS)	WiFi available	Travel Time 2 h 15 m (Nonstop) Wanna Get Away
RETURN APR 23 SUN	04:30 PM	Depart Boston Logan, MA (BOS) on Southwest Airlines	Flight #5478	Sunday, April 23, 2017
	06:10 PM	Arrive in Chicago (Midway), IL (MDW)	WiFi available	Travel Time 2 h 40 m (Nonstop) Wanna Get Away

What you need to know to travel:

Check-in: Be sure to arrive at the departure gate with your boarding pass at least 10 minutes before your scheduled departure time. Otherwise, your reserved space may be cancelled and you won't be eligible for denied boarding compensation.

No Show Policy: If you are not planning to travel on any portion of this itinerary, please cancel your reservation at least 10 minutes prior to scheduled departure of the flight. Customers who fail to cancel reservations for a Wanna Get Away fare segment at least ten (10) minutes prior to travel and who do not board the flight will be considered a no show, and all remaining, unused funds on this reservation will be forfeited, including Business Select and Anytime funds.

PRICE: ADULT

Trip	Routing	Fare Type View Fare Rules	Fare Details	Quantity
Depart	MDW-BOS	Wanna Get Away Excellent Value	<ul style="list-style-type: none"> No Change Fees (applicable fare difference applies) Reusable Funds (nontransferable - no name changes allowed) Nonrefundable unless purchased with Points 	1
Return	BOS-MDW	Wanna Get Away Excellent Value	<ul style="list-style-type: none"> No Change Fees (applicable fare difference applies) Reusable Funds (nontransferable - no name changes allowed) Nonrefundable unless purchased with Points 	1

Enroll in Rapid Rewards and earn at least **1099 Points** for this trip. Already a Member? Log in to ensure you are getting the points you deserve.

Subtotal **\$224.96**
Fare Breakdown

You can't find this great fare on any other website. Southwest fares are only on southwest.com®.

1st and 2nd Checked Bags Fly Free®*

*Weight and size limits apply.

Bag Charge \$0.00

Air Total:
\$224.96

[Modify Trip](#)
[Purchase your shopping cart...](#)
[Continue](#)

By clicking 'Continue', you agree to accept the fare rules and want to continue with this purchase



Get **\$200** Statement Credit
after first purchase &
Earn **10,000** Bonus Points

[Learn more](#)

You Pay Today: \$224.96
Credit On Your Statement: -\$200.00
Total After Statement Credit: **\$24.96**

Add a Car

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.



CELEBRATE ★ ★ ★
EXCEPTIONAL

CEC MEMBERSHIP APPLICATION

2900 Crystal Drive, Suite 1000 / Arlington, VA 22202-3557

P +1.703.620.3660 / Toll Free 888.232.7733

TTY 866.915.5000 / F 703.264.9494 / www.cec.sped.org

Join by November 30, 2016, and
receive \$50 OFF FIRST-YEAR
FULL MEMBERSHIP DUES.

1. Your Membership Information

Jamie Castillo
Brooks Middle School
14741 Wallace St
Harvey, IL 60426-2448

CEC ID#: 1098108

E-mail Address: jacastillo1987@gmail.com

Phone: 773-443-6399

2. Your Membership

☒ FULL MEMBERSHIP: \$115 \$65
(Use Code: FULMBR)

3. Your Special Interest Division

Full Members
Optional: Check as many as desired

Council for Administrators of Special Education (CASE)	<input type="checkbox"/>	\$60
Council for Children with Behavioral Disorders (CCBD)	<input checked="" type="checkbox"/>	\$35
Division for Research (CEC-DR)	<input type="checkbox"/>	\$29
CEC Pioneers Division (CEC-PD)	<input type="checkbox"/>	\$20
Council for Educational Diagnostic Services (CEDs)	<input type="checkbox"/>	\$30
Division on Autism and Developmental Disabilities (DADD)	<input type="checkbox"/>	\$30
Division for Communicative Disabilities and Deafness (DCDD)	<input type="checkbox"/>	\$30
Division on Career Development and Transition (DCDT)	<input type="checkbox"/>	\$35
Division for Culturally and Linguistically Diverse Exceptional Learners (DDEL)	<input type="checkbox"/>	\$30
Division for Early Childhood (DEC)	<input type="checkbox"/>	\$50
Division of International Special Education and Services (DISES)	<input type="checkbox"/>	\$29
Division for Learning Disabilities (DLD)	<input checked="" type="checkbox"/>	\$25
Division of Visual and Performing Arts (DARTS)	<input type="checkbox"/>	\$20
Division for Physical, Health, and Multiple Disabilities (DPHMD)	<input type="checkbox"/>	\$25
Division on Visual Impairments (DVIDB)	<input type="checkbox"/>	\$25
The Association for the Gifted (TAG)	<input type="checkbox"/>	\$25
Technology and Media Division (TAM)	<input type="checkbox"/>	\$30
Teacher Education Division (TED)	<input type="checkbox"/>	\$35

Special Interest Division Total
(add selected amounts):

\$ 60

4. Your Payment Instructions (State dues are included in membership price)

Total Dues (add selections from sections 2 and 3) \$ 125

ONE ANNUAL PAYMENT

- ☐ Check enclosed.
☐ Purchase order enclosed.
☐ Charge to credit card one time.

Signature _____

THREE DUES INSTALLMENT PAYMENTS

- ☐ Charge to credit card three times over three months.

Dues Installment Plan: The initial installment of one-third of your total dues will be charged to your credit card when you join. Your second installment will be charged to your credit card on the first day of the next month. The final installment will be charged to your credit card on the first day of the second month following the month you joined.

Signature _____

Credit Card Information: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____ Expiration Date: _____ / _____ CVV Number: _____

Name on Card: _____ Signature: _____

Note: Annual Membership dues in CEC include \$24.00 for a subscription to *Exceptional Children* and \$36.00 for *TEACHING Exceptional Children*. This information is given in order to meet postal regulations. Do not use as a basis for payment.

HOW TO JOIN



MAIL / Council for Exceptional Children, Membership
Department, P.O. Box 79026, Baltimore, MD 21298-8815.
Or use the postage-paid envelope provided.



ONLINE / www.cec.sped.org
Use Promotion Code FULMBR at checkout.



PHONE / 888.232.7733
Mention Promotion Code FULMBR.



FAX / 703.264.9494 (purchase order and credit
card payments only)