

# Tough Teachers: Tender Hearts

## OFCEC 44<sup>th</sup> Annual Conference

### February 3 – 4, 2009

Plan to be a part of the excitement as we prepare for yet another outstanding statewide conference! Come share your expertise with colleagues, administrators, teachers new to the profession, and soon-to-be teachers from our universities.

This year's conference is at the same location as last year - **The Reed Center**  
5800 Will Rogers Road, Midwest City, OK 73110  
Phone: 741-7333, <http://reedcenter.com>

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All proposals are due no later than October 21 and are to be submitted to  
Lynda White at [Lynda.White@piedmontschools.org](mailto:Lynda.White@piedmontschools.org)

If accepted, the first presenter will be notified by Lynda White no later than December 8.

It will be the responsibility of the first presenter to notify all other presenter(s).

All presenters whose proposals are accepted will be required to preregister by January 15 in order to have their names included in the program. Presenter Registration forms will be sent along with the Proposal Confirmation letter to the first presenter who will distribute the registration forms to co-presenters.

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#### PRESENTATION/PROPOSAL INFORMATION

**Title of Presentation** (Limit title to 12 words or less)

**Abstract** (Provide a summary of your proposal in 50 words or less)

**Anticipated Participant Outcomes**

At the end of this session, participants will be able to ..

- 1.
- 2.
- 3.

**Please list what your handouts will include (research-based strategies, resources, etc.)**

- 1.
- 2.

**Session Type** (Select one)

Lecture

Panel

Poster

**Equipment Needed for Presentation (Subject to availability. Presenter will be notified.)**

- |                                             |                                               |                                           |                                           |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Computer             | <input type="checkbox"/> Large screen     | <input type="checkbox"/> LCD projector    |
| <input type="checkbox"/> TV/VCR             | <input type="checkbox"/> Hand held microphone | <input type="checkbox"/> Lapel microphone | <input type="checkbox"/> Flip chart/easel |

**Target Audience (Write a "1" by the primary audience; a "2" by the secondary audience)**

- |                                                       |                                               |                                               |
|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Special educator             | <input type="checkbox"/> Paraeducator         | <input type="checkbox"/> Administrator        |
| <input type="checkbox"/> Early childhood educator     | <input type="checkbox"/> Elementary educator  | <input type="checkbox"/> Secondary educator   |
| <input type="checkbox"/> Related services provider    | <input type="checkbox"/> Health care provider | <input type="checkbox"/> Parent/family member |
| <input type="checkbox"/> Preservice educator          | <input type="checkbox"/> First-year educator  | <input type="checkbox"/> Professor            |
| <input type="checkbox"/> Other (please explain) _____ |                                               |                                               |

**Topic Areas (Please select the primary topic of your proposal)**

- |                                             |                                        |                                                 |
|---------------------------------------------|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Autism             | <input type="checkbox"/> Behavior      | <input type="checkbox"/> Co-Teaching            |
| <input type="checkbox"/> Early Childhood/DD | <input type="checkbox"/> Methodologies | <input type="checkbox"/> OSDE Forms & Policies  |
| <input type="checkbox"/> Severe/Profound    | <input type="checkbox"/> Transition    | <input type="checkbox"/> Other (please explain) |

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**PRESENTER INFORMATION**

**Presenter #1 (Please print)**

Title: \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms.

Full name:

Street

address:

City, state,

zip:

Home phone:

Work

phone:

Email:

School:

Brief bio (less than 50 words) about presenter #1 that will be used at the conference (This must be included with proposal to be considered.)

Please identify the description(s) that best describe you.

- |                                           |                                           |                                       |
|-------------------------------------------|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Special educator | <input type="checkbox"/> General educator | <input type="checkbox"/> Paraeducator |
|-------------------------------------------|-------------------------------------------|---------------------------------------|

- |                                               |                                                    |                                               |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Administrator        | <input type="checkbox"/> Early childhood educator  | <input type="checkbox"/> Elementary educator  |
| <input type="checkbox"/> Secondary educator   | <input type="checkbox"/> Related services provider | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> Parent/family member | <input type="checkbox"/> Preservice educator       | <input type="checkbox"/> First-year educator  |
| <input type="checkbox"/> Professor            | <input type="checkbox"/> Other (please explain)    |                                               |

**Presenter #2 (Please print)**

Title: \_\_\_\_\_ Dr.                      \_\_\_\_\_ Mr.                      \_\_\_\_\_ Mrs.                      \_\_\_\_\_ Ms.

Full name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Brief bio (less than 50 words) about presenter #2 that will be used at the conference (This must be included with proposal to be considered.)

Please identify the description(s) that best describe you.

- |                                               |                                                    |                                               |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Special educator     | <input type="checkbox"/> General educator          | <input type="checkbox"/> Paraeducator         |
| <input type="checkbox"/> Administrator        | <input type="checkbox"/> Early childhood educator  | <input type="checkbox"/> Elementary educator  |
| <input type="checkbox"/> Secondary educator   | <input type="checkbox"/> Related services provider | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> Parent/family member | <input type="checkbox"/> Preservice educator       | <input type="checkbox"/> First-year educator  |
| <input type="checkbox"/> Professor            | <input type="checkbox"/> Other (please explain)    |                                               |

Thank you for submitting your proposal for consideration.  
See you in February!