

CABE 2003

Call for Presentations

Registration

Strands

Audio Visual Equipment

Room Set-Up

Scheduling

Notification of Scheduling

Where to Submit Proposals

**General Guidelines for
Presenter Proposal
Application Form**



**28th Annual Conference
Los Angeles Convention Center
Los Angeles, California**

February 12-15, 2003

**Postmarked Deadline:
Friday, July 19, 2002**



**California Association
for Bilingual Education**

WELCOME TO CABE 2003

CABE 2003 will be held at the Los Angeles Convention Center, Los Angeles, California from February 12 to February 15, 2003. One of CABE's main goals is to maintain and refine professional development opportunities for educators, parents, community members and other organizations. The Annual Conference is a major educational event for school and university personnel, parents and other individuals who work with all students and specifically English Language Learners and other second language learners. Over the years, the CABE Conference has gained a reputation for providing participants with quality, in-depth and innovative professional development. The goal for CABE 2003 is that, as educators for second language learners, we draw from our rich resources and assume a major role in promoting and supporting educational excellence for all in California. We invite you to join us by submitting presentations that represent the most current practices for English Language Learners and heritage language students.

*Please submit your proposal on the enclosed form or by using our online form at www.bilingualeducation.org and postmarked no later than **Friday, July 19, 2002**. Feel free to duplicate and share this invitation with others. **All workshop sessions are 1 and 1/2 hours in length.***

CABE REQUESTS THAT YOU PLEASE ADHERE TO THE FOLLOWING GENERAL GUIDELINES:

The Conference committee will only be able to consider proposals that are completed according to these instructions.

- Type or print legibly all information requested or you may use the online presenter application form at www.bilingualeducation.org to submit your proposal.
- CABE is unable to reimburse presenters for expenses, but if two presenters are CABE members they will be provided complimentary conference registration. Please note that all additional presenters or non-CABE members will be required to pre-register at the applicable registration fee.
- A total of four presenters for each workshop will be listed in the conference program, and it is the responsibility of the first presenter to convey all presentation information to each additional presenter.
- Please do not use this form for institute presentations. Institutes and featured speakers' sessions are by invitation only and must use the institute application form. For more information call CABE Headquarters at (213) 532-3850.
- Do not use this form for commercial presentations. If you represent a commercial entity/organization, please use the commercial presenter form that is part of the exhibitor/career faire packet to be considered for inclusion in the conference program.
- Make a copy of this presenter's form for yourself, and return by mail or fax the original signed copy to CABE headquarters (if you use the online form your email is considered your signature file).
- Be sure to carefully edit the description of your workshop, as it will be used in the conference program.
- If you wish to propose more than one presentation, please use a separate form for each presentation. However, please note that every effort will be made to select a variety of presenters, and you may not be selected for additional presentations.
- If you wish to receive acknowledgment of receipt of your proposal, please enclose a self-addressed, stamped postcard.
- Please type the name of your school district or agency as you would like it to appear in the program.

REGISTRATION

The two presenters, who are current CABE members and listed on this proposal form, will receive complimentary conference registration. Please note that this complimentary registration offer for members does not include any meal events. If your proposal is selected, registration for the first two presenters listed will be confirmed in your Final Confirmation Letter. **All non-members and additional presenters will be required to pre-register and pay the applicable conference registration fees.** The forms for pre-registration will be available from CABE Headquarters in September, 2002.

FOR CABE CONFERENCE USE ONLY

Proposal #: _____ 1st _____ 2nd _____ Accepted: yes _____ no _____
Date Received: _____ Received by: _____ Strand Facilitator: _____

WORKSHOP PRESENTER PROPOSAL APPLICATION FORM
28th Annual CABE Conference **February 12-15, 2003**
Los Angeles Convention Center, Los Angeles, California
POSTMARKED DEADLINE DATE: Friday, July 19, 2002

CABE cordially invites you to submit a proposal to present at the CABE 2003 Conference. The Annual Conference is a major educational event for school and university personnel, parents and other individuals who work with all students and specifically English Language Learners and heritage language students. Over the years, CABE Conferences have gained a reputation for providing participants with quality, in-depth and innovative professional development. The goal for CABE 2003 is that, as bilingual educators, we draw from our rich resources and assume a major role in promoting and supporting educational excellence for all in California. We invite you to join us by submitting presentations that represent the most current practices for English Language Learners and other second language learners. **Please submit your proposal(s) on this form or by using the online form at www.bilingualeducation.org postmarked no later than Friday, July 19, 2002. Feel free to duplicate and share this invitation with others.**

**Please type the information requested or print legibly and return to: CABE 2003 Program Development
660 S. Figueroa Street, Suite 1040
Los Angeles, California 90017**

CABE requests that all information for each presenter(s) be complete. In order to receive pertinent information about your proposal, please provide your home address. By providing this contact information, applicants are assured of receiving timely information about the selection of their proposals after the proposal is reviewed during summer 2002. We want to expedite the process of workshop selection so that registration to the conference can be completed in a timely manner. **Please provide your email address in order for us to send you confirmation notices and other information about your presentation and the conference through our CABE 2003 presenter listserv.**

1ST PRESENTER (All information about the workshop will be sent to this address.)**CABE Member:** ☐ yes ☐ no

Name: (LAST) _____ (FIRST) _____
Title: ☐ Ph.D. ☐ Ed.D. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Do not list title in program.
District/Organization/Agency: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ FAX: _____
Type of Agency: ☐ School ☐ District ☐ County ☐ CSU ☐ UC ☐ Other University ☐ Other Agency
Work Phone: _____ FAX: _____
E-mail: _____

2ND PRESENTER**CABE Member:** ☐ yes ☐ no

Name: (LAST) _____ (FIRST) _____
Title: ☐ Ph.D. ☐ Ed.D. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Do not list title in program.
District/Organization/Agency: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ FAX: _____
Type of Agency: ☐ School ☐ District ☐ County ☐ CSU ☐ UC ☐ Other University ☐ Other Agency
Work Phone: _____ FAX: _____
E-mail: _____

3RD PRESENTER**CABE Member:** ☐ yes ☐ no

Name: (LAST) _____ (FIRST) _____

Title: ☐ Ph.D. ☐ Ed.D. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Do not list title in program.

District/Organization/Agency: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ FAX: _____

Type of Agency: ☐ School ☐ District ☐ County ☐ CSU ☐ UC ☐ Other University ☐ Other Agency

Work Phone: _____ FAX: _____

E-mail: _____

4TH PRESENTER**CABE Member:** ☐ yes ☐ no

Name: (LAST) _____ (FIRST) _____

Title: ☐ Ph.D. ☐ Ed.D. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Do not list title in program.

District/Organization/Agency: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ FAX: _____

Type of Agency: ☐ School ☐ District ☐ County ☐ CSU ☐ UC ☐ Other University ☐ Other Agency

Work Phone: _____ FAX: _____

E-mail: _____

1. TITLE OF PRESENTATION: *(Please print legibly—Be concise, and select a title that best describes the workshop's content. This information will be included in the conference program. If your presentation is in a language other than English, please list the title in that language.)*

2. STRANDS – Please select only ONE. Choose a strand that best identifies your workshop's content. For presentations in content area curriculum, indicate if the focus of the presentation is in primary language instruction or SDAIE.

- | | |
|--|--|
| () Administration and Management | () Integrated Content <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE |
| () Assessment, Evaluation, and Accountability | () Multicultural/Anti-bias/Diversity Education |
| () Reform Issues, e.g., Standards | () Para-Educator |
| () Promotion and Retention | () Parent Involvement/Community Partnerships |
| () Assessment/Testing Issues | () Policy Making/Legal and Political Issues |
| () Assessment Instruments | () Preschool/Early Childhood Education |
| () Content Area Curriculum (Please select one.) | () Research (Please select one.) |
| () Literacy <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE | () Proven Model Programs (3+ yrs data) |
| () Math <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE | () Recent Studies |
| () Science <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE | () Teacher Action Research |
| () Social Studies <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE | () Evaluation Research |
| () Visual and Performing Arts <input type="checkbox"/> L1 or <input type="checkbox"/> SDAIE | () Spanish for Spanish Speakers |
| () Cooperative/Collaborative Learning | () Special Education |
| () Critical Pedagogy | () Teacher Education (Please select one.) |
| () Dual Language/Two-Way Bilingual Immersion | () Teacher Certification |
| () English Language Development (ELD) | () Professional Development |
| () Gifted and Talented /High Achievers Education | () Teacher Preparation |
| () Heritage Languages and Programs (e.g. Spanish for Spanish speakers) | () Technology/Technology Integration |

3. **LANGUAGE OF PRESENTATION:** ☐ English ☐ Other Language (please list) _____

4. **DESCRIPTION:** Please type or print legibly—in complete sentences—a short description of your presentation. Use only the space provided, as additional sheets will not be considered. This description will be used in the conference program, so please edit carefully. Be sure that your description adequately depicts the content of your presentation. We reserve the right to edit your description for program purposes. If your presentation is given in a language other than English, provide the description in that language. Use only one language per presentation.

5. **TYPE OF PRESENTATION:** *(Please select only one.)*

() Demonstration () Lecture with Support Materials () Group Interaction
() Panel Discussion () Hands on Workshop

6. **GRADE LEVEL:** *(Indicate level(s) to which content of presentation applies.)*

() Preschool () Grades 6-8 () Adult Education
() Grades K-2 () Grades 9-12 () College/University
() Grades 3-5 () All Levels

7. **INTENDED AUDIENCE:**

() Administrators () Para-Educators () Teachers
() Board Members () Parents () All
() Business/Govt. Reps () Student Teachers () Others _____
() College Professors & Deans () Support Staff

8. **LEVEL OF AUDIENCE:** () New to Field () Experienced () Both

9. **ROOM SET-UP REQUESTED:** (Based on the type of presentation noted above, please indicate the room set up needed. Please note that your request may be subject to availability.)

() Theater Style (chairs only) () Classroom Style (rectangular tables) () Banquet (round tables)

10. There will be two workshop rooms set up for technology presentations and a technology lab room set up for hands-on technology presentations that use the internet as part of the presentation. Please indicate whether you want to have your workshop scheduled for these rooms (Please note that we will attempt to honor all requests whenever possible).

MY WORKSHOP REQUIRES HAVING A COMPUTER WITH INTERNET ACCESS: ☐ yes ☐ no

Type of Setting: ☐ Lab Setting ☐ Teaching Station (one computer with internet access)

11. **SCHEDULING:** These are the days I CANNOT present my workshop

☐ Thursday, February 13, 2003 ☐ Friday, February 14, 2003 ☐ Saturday, February 15, 2003

12. **I CAN REPEAT MY PRESENTATION.** ☐ yes ☐ no

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

[illegible]

Videotaped ☐ yes ☐ no

SIGNATURE _____ DATE _____

STRANDS

The workshops will be organized into the strands listed on the enclosed Presenter Proposal Application Form. Presentations must fully address and focus on English Language Learners and/or second language students. Presentations in languages other than English are welcome. **Please mark only the one strand that best fits the content of your proposal, e.g., Primary Language Literacy, English Language Development.**

AUDIO VISUAL EQUIPMENT

All workshop rooms will be equipped with an overhead projector and screen. Upon workshop confirmation, details for ordering additional audio visual equipment through the audio visual provider will be sent to presenters. **The cost of ordering any additional equipment will be the responsibility of the presenter(s). Important, please note—orders must be received with your workshop proposal confirmation letter. No orders will be honored if requested during the conference.**

ROOM SET-UP

It is important that you please indicate your choice of room set-up under the *Room Set-Up* (theater, classroom, or banquet) section of the Call for Presentations Form. If there is no choice made, we will assume the room set-up to be theater style. Please note, however, that your selection is subject to availability.

SCHEDULING

Presentations will be scheduled on a day and time that best suits the needs and goals of the conference. *If you do have time constraints, please note them on the proposal form under "scheduling."* However, please be aware that given the large number of proposals received, it is possible that such constraints may preclude us from scheduling your presentation into the conference.

NOTIFICATION OF SCHEDULING

The proposals will be reviewed by the Strand Facilitators. Presenters will receive an email when their workshop(s) is selected for inclusion into the conference program. Furthermore, all presenters will receive a final confirmation letter in **October, 2002. Please note, only the first presenter will receive this confirmation letter. It is the responsibility of the first presenter to sign the confirmation letter, notify additional presenters and return the signed letter to CAFE headquarters. Submission of the signed letter indicates that you are in agreement to the time/place your workshop is scheduled. Failure to return this final confirmation letter will authorize us to remove your workshop from the final conference program.**

WHERE TO SUBMIT PROPOSAL(S)

Please mail or fax original copy of the Presenter Proposal Application Form to:

**CAFE 2003 PROGRAM DEVELOPMENT • CAFE HEADQUARTERS
660 SOUTH FIGUEROA STREET, SUITE 1040 • LOS ANGELES, CA 90017**

Tel. No. (213) 532-3850 • Fax No. (213) 532-3860 • www.bilingualeducation.org

***Postmark Deadline for all Presenter Proposal Application Forms:
FRIDAY, JULY 19, 2002***

CABE 2003

Call for Presentations



**28th Annual Conference
Los Angeles Convention Center
Los Angeles, California**

February 12-15, 2003

**Postmarked Deadline:
Friday, July 19, 2002**



California Association for Bilingual Education
660 South Figueroa Street, Suite 1040
Los Angeles, CA 90017