

Jazz It Up! Celebrate the Journey

2008 OFCEC Call for Papers

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 a new location - the **Reed Center**

5800 Will Rogers Road, Midwest City, OK 73110

Phone: 741-7333, <http://reedcenter.com>

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 ...

- 1.
- 2.
- 3.

Session Type (Select one)

Lecture

Panel

Poster

Mail entire application to: **Vickie Wood, 432 Terrace Place, Norman, OK 73069**

OR

FAX the entire application to **405-387-4731**

Applications due by November 30 @ 6:00 p.m.

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"/> General educator |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Related service | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Student | <input type="checkbox"/> First-year educator | <input type="checkbox"/> Parent/family |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Secondary | <input type="checkbox"/> Elementary |

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

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Communicative disorders | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Cultural diversity | <input type="checkbox"/> Early childhood |
| <input type="checkbox"/> ED/BD | <input type="checkbox"/> GT/High achievement |
| <input type="checkbox"/> Instructional design | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Non-traditional schools | <input type="checkbox"/> Parent/family/school partnerships |
| <input type="checkbox"/> Physical/health disabilities | <input type="checkbox"/> Research |
| <input type="checkbox"/> Public policy and legalities | <input type="checkbox"/> General education curriculum |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Careers |
| <input type="checkbox"/> Technology and media | <input type="checkbox"/> Visual impairments |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Collaboration |
| <input type="checkbox"/> Other (please specify) | |

Participant Outcomes

At the end of this session, participants will ...

1. _____
 2. _____
 3. _____
-

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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: _____

Occupation: Special educator. General educator Administrator

Speech therapist Parent Family member

Student Consultant Other: _____

Brief bio (less than 50 words) about presenter #1 that will be used at the conference

Presenter #2 (if applicable) (Please print)

Title: Dr. Mr. Mrs. Ms.

Full name: _____

Street address: _____

City, state, zip: _____

Home phone: _____

Work phone: _____

Email: _____

School: _____

Occupation: Special educator. General educator Administrator

Speech therapist Parent Family member

Student Consultant Other: _____

Brief bio (less than 50 words) about presenter #2 that will be used at the conference

Mail entire application to: **Vickie Wood, 432 Terrace Place, Norman, OK 73069**

OR

FAX the entire application to **405-387-4731**

Applications due by **November 30 @ 6:00 p.m.**