



OASSA INSTRUCTIONAL LEADERSHIP CONFERENCE

• Individuals on a teaching contract may attend all OASSA Conferences at the member rate.

OASSA Instructional Leadership Conference • June 13, 2019 • The Conference Center at OCLC 9:00 a.m. - 3:00 p.m. (Registration from 8:00 a.m. - 9:00 a.m.)

Agenda:

8:00 am - 9:00 am	Registration
9:00 am - 9:10 am	Opening Comments Ken Baker, OASSA Executive Director
9:10 am - 10:15 am	The State of OTES Jill Grubb, Office of Educator Effectiveness, The Ohio Department of Education
10:15 am - 10:30 am	Break
10:30 am - 11:30 am	Standards Based Grading Lauren Stewart, Teacher, Sylvania Northview High School
11:30 am - 12:35 pm	Lunch
12:35 pm - 1:35 pm	College Credit Plus Tom Woodford, College Counselor, Hilliard City Schools
1:35 pm - 1:50 pm	Break
1:50 pm - 3:00 pm	Blended Learning Initiatives Worthington City Schools
3:00 pm	Adjournment

Participants in this conference will receive a certificate of completion at the end of the program. This conference includes approximately 4.5 contact hours.

Cancellation Policy: Registrants who cancel at least three (3) workdays before the date of the conference will not be charged or may request a full refund. Registrants who cancel fewer than three (3) workdays will be charged food costs. No-shows and registrants who cancel the day of the conference will be charged the full registration amount.

OASSA REGISTRATION FORM • INSTRUCTIONAL LEADERSHIP CONFERENCE • The Conference Center at OCLC - June 13, 2019

Name _____ Position _____ OASSA Membership # _____

School _____ School District _____ County _____

School Address _____
Street _____ City _____ Zip _____

Email Address _____ School Phone # (____) _____ Cell Phone # (____) _____

Registration fee: \$175 Members • \$275 Nonmembers (Registration fee includes breakfast, lunch, and materials).

Check here if you are on a teaching contract (you may attend at the "courtesy" OASSA member rate).

Check here if you are a member of the Ohio Association of Elementary School Administrators (OAESA).

Payment or PO **MUST** be included with registration form — fax form to: (614) 430-8315 — PO # _____

Make **check payable to OASSA** and mail with this form to: OASSA, 8050 N. High Street, Suite 180, Columbus, OH 43235-6484

MC/VISA/DISCOVER Exp. date: _____ Card # _____ Amount _____

Card Billing Address: _____
Street _____ City _____ Zip _____

Email Receipt to: _____



Check here if you are disabled and require special services or have dietary concerns. Please attach a description of your needs.