**Minnesota School Psychologist Association (MSPA)**

**2020 MSPA Midwinter Conference • January 30-31, 2020**

**Call for Presentations-Proposal Submission Form**

**DEADLINE FOR PROPOSAL SUBMISSIONS:  Friday, Oct. 4, 2019**

The MSPA Board would request you to consider submitting a Call for Presentation proposal for the MSPA Midwinter Conference. The Continuing Education Committee uses the NASP Practice Model to help guide our conference session planning.

**NASP Practice Model 10 Domains**

1.     Data-Based Decision Making and Accountability

2.     Consultation and Collaboration

3.     Interventions and Instructional Support to Develop Academic Skills

4.     Intervention and Mental Health Services to Develop Social and Life Skills

5.     School-Wide Practices to Promote Learning

6.     Preventative and Responsive Services

7.     Family-School Collaboration Services

8.     Diversity in Development and Learning

9.     Research and Program Evaluation

10.  Legal, Ethical, and Professional Practice

The MSPA Continuing Education Committee will evaluate proposals and you will be contacted by Friday, Nov. 15, 2019 regarding the status of your proposal.

Call for Presentation proposals are accepted in **MS Word format** using only this form. Please download this form to your computer, then save it as a new file, using the last and first names of the contact person. If submitting more than one proposal under the same contact person’s name, please add a number at the end of the file name to distinguish multiple proposals. Example: If contact person is John Smith, filename should be smithjohn1.doc; second proposal should be named smithjohn2.doc; etc.  Please send one email that includes the completed proposal as an attachment to **Karla Wells at karla.wells@district196.org**.

**Presenter(s) Information**

|  |
| --- |
| **Presenter 1** |
| First Name: | Last Name: | Credentials: |
| Phone: | Email: |
| Address: |
| Brief Biography\*: |

\**100 words maximum. Biographies over the limit may be edited. This will be included in the conference program if your presentation is selected.*

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| --- |
| **Presenter 2** |
| First Name: | Last Name: | Credentials: |
| Phone: | Email: |
| Address: |
| Brief Biography of Presenter\*: |

*\*100 words maximum. Biographies over the limit may be edited. This will be included in the conference program if your presentation is selected.*

**Presentation Information**

|  |
| --- |
| Proposed Title of Presentation: |
| Brief Description/Goals for Session/NASP Practice Model Domain/s\*: |

*\*Please write a brief description of your presentation including goals and objectives and which NASP domain/s your presentation would represent, 100 words maximum. Descriptions exceeding 100 words may be edited. The description will be included in the conference program if your presentation is selected. Please include the information, strategies, and tactics your intended audience will receive from your session.*

**Complexity of Information:**

|  |  |
| --- | --- |
| **☐** | **Beginner/Introduction** |
| **☐** | **Intermediate** |
| **☐** | **Expert/Advanced** |

**Policies and Procedures**

MSPA will supply a standard package of AV equipment for each session room. Accepted presentations will be required to use only the equipment in the package (podium and LCD).  MSPA will make every effort to accommodate requests outside of the standard package and will assess fees as they apply. MSPA is unable to provide computers, video equipment or software.

**I agree to the AV policy:        ☐ Yes    ☐  No**

By submitting this proposal electronically, it is understood that I have affixed my signature and agree to abide by all policies and regulations as outlined above. I agree to present at any time during the conference at which my presentation is scheduled.  The sessions are typically 90 minutes. If you need to present on a certain date or time, the committee will try to accommodate. (Please list preferred dates.) I understand that no payment is given for presentations, nor is there reimbursement for related expenses, including meals and travel, unless agreed upon by the continuing ed. committee.  I will receive free registration to the conference for the day that I am presenting.

**☐ I Agree    ☐ I Disagree**

**Electronic Signature (full name):**

**Date signed:**

**MSPA will notify you by Nov. 15, 2019 on the status of your proposal.**

Thank you for your commitment to participate in the Minnesota School Psychologist Association. Your experience, expertise, and willingness to share with others are what make our conference a success.