

Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Christy Desselle	Building where Employed: BIS, HMS, BHS
Name of Meeting, Event, or Conference: Integrating	g Speech and ABA-Based Programs
Location of Conference: BVIU	
Conference Beginning Date: 10/15/15	Conference End Date: 10/15/15
Purpose of Attendance: Speech/Language Ther	
(Please list subject or purpos	se of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No ✓ Dates Abse	ent from School: 10/15/15
Estimated Expenses: Travel \$0 Meals \$0	Lodging \$0 Other \$0
Budgeted <u></u> (yes/no)	Total\$ º
Employee Signature: Christ Nerselle	Date: 9-23-15
Principal Signature: prolity ful c	Date: 9-2475 ASN#:
Superintendent Signature:	Date:



Conference Request

Employee Name: Christy Desselle Building where Employed: BIS, HMS, BHS

Please forward a hard copy of this document to your building principal. This form must be completed and submitted with the above request form.

Name of Meeting, Event, or Conference: Integrating Speech and ABA-Based Programs- A Closer Look at Speech Training
1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?
The training will provide an advanced description of the conceptual and applied practices that promote
acquisition of vocal verbal behavior for students with autism in school settings. The content will build upon developing an integrated speech acquisition program to be guided by speech-language pathologists.
Additionally, the speech targets to prioritize sequentially for students with autism will be discussed.
2. How will this conference benefit you and the students in the District? How will this conference increase student
performance?
Outcomes will instruct practices that can be utilized by classroom teachers across the students' school day. The training will review processes related to sequences of speech skill acquisition, assessment, place, voice and manner features of speech sounds, stimulus-stimulus pairing, the role of the echoic and mand training in speech acquisition, increasing vocal variability, rapid motor imitation antecedent training (RMIA), and other evidence
based approaches.
3. How will you disseminate the information you acquire from this conference to other staff members in the District?
Information will be shared with staff members who may benefit at grade level and special education department meetings. I will inform district staff of strategies and relevant information that I learn at
the conference for working with students with autism to help promote vocal verbal behavior in the
classroom setting.
4. Did you attend this conference last year? Yes Ves

Registration for course: Integrating Speech and ABA-Based Programs- A Closer Look at Speech Training

Course Administrator

Tue 9/22/2015 5:43 PM

To:christydesselle@live.com < christydesselle@live.com >;

Hello Christy Desselle!

This message is confirming your registration for Integrating Speech and ABA-Based Programs- A Closer Look at Speech Training,28174. The videoconference will begin on 10/15/2015 at 9:00AM-3:30PM. The location of the videoconference is Beaver Valley IU 27.

For participants who want Act 48 credits, please double check the sign-in sheet at the videoconference to make sure that you have supplied all of the necessary information.

Special Accommodations:

If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this videoconference, please call PaTTAN-Distance Learning Services at 800/446-5607. All reasonable efforts will be made to accommodate you.

Total: \$0.00



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Jeff Tripodi	Building where Employed: BHS
Name of Meeting, Event, or Conference: Beaver Co	ounty Academic Games/Gifted Consortium
Location of Conference: BVIU	
Conference Beginning Date: October 8	Conference End Date: October 8
Purpose of Attendance: Planning session for Aca	demic Games and gifted support of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No Dates Absen	
Estimated Expenses: Travel Meals	Lodging Other
Budgeted yes (yes/no) Employee Signature:	Total\$ <u>15</u> Date: 9.11.24
Principal Signature: Lew ZMM	Date: 9/23/15 ASN#:
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name:_Jeff Tripodi	Building where Employed: BHS
	aver County Academic Games/Gifted Consortium
Location of Conference: BVIU	
Conference Beginning Date: November 13	Conference End Date: November 13
Purpose of Attendance: Planning session (Please list subject o	for Academic Games and gifted support purpose of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No Da	tes Absent from School: November 13 (12:30-3:00)
Estimated Expenses: Travel N	
Budgeted yes (yes/no	Date <u>: 9.20.26(\$</u>
Principal Signature: Awt N	M Date: 9/25/15 ASN#:
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Jeff Tripodi	Building	where Employe	_{d:} BHS
Name of Meeting, Event, or Conference:			
Location of Conference: BVIU			
Conference Beginning Date: March 18	Confe	rence End Date:	March 18
Purpose of Attendance: Planning session	for Academic	Games and g	ifted support
(Please list subject or	purpose of confe	rence. Ex: Curr	iculum, Title I, Math)
Substitute Needed: Yes No Dat	es Absent from S	chool: March	18 (full day)
Estimated Expenses: Travel M	eals	Lodging	Other
Budgeted yes (yes/no			Total\$ <u>30</u>
Employee Signature:		Date <u>: 1.21.1</u>	al S
Principal Signature:	ch	Date: 9	/23/15ASN#:
Superintendent Signature:		Date:	



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name:_Jeff Tripodi	Building where Employed: BHS
Name of Meeting, Event, or Conference:	er County Academic Games/Gifted Consortium
Location of Conference: BVIU	
Conference Beginning Date: April 7	Conference End Date: April 7
Purpose of Attendance: Planning session for Purpose of Attendance: (Please list subject or p	or Academic Games and gifted support
Substitute Needed: Yes No Dates	s Absent from School: April 7 (morning)
	als Other Total\$30
Budgeted yes (yes/no) Employee Signature:	Date: 9.21.2015
Principal Signature:	Date: 9/23/15 ASN#:
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal. This form must be completed and submitted with the above request form.

	Employee Name:_	TRIPROJ	Building where Employed:
	Name of Meeting,	Event, or Confere	ence: GIFTED CONSOLTIUM ACADEMIC CAMES MEETINGS
1. Wh	at is the reason that	t you wish to atte	end this workshop/conference? What is the purpose of the conference?
· D	EVELOP AND PLLA	GIFFED AND	ENKICHMENT ACTIVITIES AT A COUNTY CEYEC
	DORDINATE ACAD	SMIC COMPET	nous

	× 1 = 12 + 12 + 12 + 12 + 12 + 12 + 12 +	When the state of	
perfori	mance?		the students in the District? How will this conference increase student
			n you acquire from this conference to other staff members in the District?
4 Did	you attend this conf	orongo last ves "3	No.



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Jeff Tripodi	Building where Employed: BHS
	er County Academic Games/Gifted Consortium
Location of Conference: BVIU	
Conference Beginning Date: May 9	Conference End Date: May 9
Purpose of Attendance: Planning session fo	r Academic Games and gifted support
Substitute Needed: Yes No Dates	
Estimated Expenses: Travel Mea	ls
Budgeted yes (yes/no) Employee Signature:	Total\$ <u>30</u> Date: 9.21.7015
Principal Signature:	Date: ASN#:
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Tim Linkenheimer Buildi	ing where Employed: HMS/BHS
Name of Meeting, Event, or Conference: Beaver County	Gifted Consortium Meetings
Location of Conference: Beaver Valley Intermediate U	Init
Conference Beginning Date: 12-1,1-8,2-5 Co	nference End Date: 12-1,1-8,2-5
Purpose of Attendance: Beaver County Consortium B	Business (Splitting meeting attendance
(Please list subject or purpose of co	onference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No Dates Absent from	m School: 12-1,1-8,2-5
Estimated Expenses: Travel \$44.85 Meals	
Budgeted <u>yes</u> (yes/no) Employee Signature:	Total\$44.85 Date: 9-21-15
Principal Signature: fur M	Date: $9/23/5$ ASN#:
Superintendent Signature:	Date:

Conference Request

Please forward a hard copy of this document to your building principal. Building Where Employed: BIS Employee Name: Gina Gordon Name of Meeting, Event, or Conference: PA School Counselors Association (PSCA) Southwest Regional Workshop: The Use of Data In School Counseling Location of Conference: Wexford, PA Conference Beginning Date: 10/30/15 Conference End Date: 10/30/15 School Counseling *I am the Southwest Region Representative on the PSCA Purpose of Attendance: Governing Board. (Please list subject or purpose of conference. Ex: Curriculum, Title I, Math) Dates Absent from School: Substitute Needed: Yes No Estimated Expenses: Travel: **\$0** Meals: **\$0** Lodging: **\$0** Other: Registration Fee **\$0** Principal Signature: Superintendent Signature: Note: If you have a conference registration form to fill out and send in, please do so and attach a copy to

this form. District Office will not make reservations-each employee should do this on his/her own.

This form must be completed and submitted with the above request form.

Employee Name: Gina Gordon Building where Employed: BIS

Name of Meeting, Event, or Conference: PA School Counselors Association (PSCA) Southwest Regional

Workshop: The Use of Data In School Counseling

1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?

I am the Southwest Region Representative on The PSCA Governing Board, and I am helping to coordinate the involvement of counselors from our region to attend this workshop. I wish to attend this workshop to learn more about Dr. Trish Hatch's research and use of data in school counseling. Additionally, I will have the opportunity to network with other school counselors in the Southwest region of Pennsylvania.

2. How will this conference benefit you and the students in the District? How will this conference increase student performance?

This workshop will benefit our school counseling programs K-12 because it will provide information about ways to continue to strengthen comprehensive, developmental programs in our district with a specific emphasis on data. It will also offer opportunities to network with other school counselors in the region.

3. How will you disseminate the information you acquire from this conference to other staff members in the District?

Information will be shared with other school counselors during our department meetings. Additionally, information will be shared with key administrators and colleagues at staff meetings and or grade level meetings, as it pertains to school counseling programming.

4. Did you attend this conference last year? Yes No

Blackhawk School District Conference Request

Please forward a hard copy of this document to your building principal.			
Employee Name:	<u>Gina Gordon</u> Bu	ilding Where Employed:	BIS
Name of Meeting, I	Event, or Conference: 2015-201	6 Beaver County Counsel	ors Association Meetings
Date	Location		<u>Time</u>
November 20, 2015	Geneva College		9:00-2:00
February 19, 2016	CCBC		11:30-3:00
Purpose of Attendance: School Counseling *I am the Southwest Region Representative on the PSCA Governing Board. (Please list subject or purpose of conference. Ex: Curriculum, Title I, Math) Substitute Needed: Yes No Dates Absent from School: Estimated Expenses: Travel: \$0 Meals: \$0 Lodging: \$0 Other: Registration Fee \$0			
Employee Signature:			

This form must be completed and submitted with the above request form.

Employee Name: Gina Gordon Building where Employed: BIS

Name of Meeting, Event, or Conference: 2015-2016 Beaver County Counselors Association Meetings

1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?

I am the Southwest Region Representative on The PSCA Governing Board, and as a member of the Beaver County Counselors Association, I am able to keep the school counselors abreast of information from the state. The speakers/presentations at our local meetings keep us informed of various local resources. Also, I will have the opportunity to network with other school counselors in Beaver County.

2. How will this conference benefit you and the students in the District? How will this conference increase student performance?

These meetings will benefit our school counseling programs K-12 because it will provide information about ways to continue to strengthen comprehensive, developmental programs in our district. Additionally, these meetings keep us informed of local resources that are available to help our students' academic, career, and social/emotional development.

3. How will you disseminate the information you acquire from this conference to other staff members in the District?

Information will be shared with other school counselors during our department meetings. Additionally, information will be shared with key administrators and colleagues at staff meetings and or grade level meetings, as it pertains to school counseling programming.

4. Did you attend this conference last year? Yes *I was able to attend some of these meetings last year.



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Melanie Kerber	Building where Employed:
Name of Meeting, Event, or Conference: Negotiation	on Skills Workshop
Location of Conference: AIU 3	
Conference Beginning Date: 10/31	Conference End Date: 10/31
Purpose of Attendance: prepare, rules of engag (Please list subject or purpose)	ement, understand impact of individual and se of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No Dates Abse	ent from School:
Estimated Expenses: Travel Meals	
Budgeted(yes/no) Employee Signature:	Total\$ Date <u>:</u>
Principal Signature:	Date: ASN#:
Superintendent Signature:	Date:

Collective Bargaining Institute: Negotiation Skills Workshop – GOV 208

Oct 31, 2015 • 9:30 am - 2:30 pm



When: Oct. 31, 2015; 9:30 a.m.-2 p.m. (working lunch)

Program level: Operation – 200; Program type: Governance

Are you currently in, or beginning negotiations in the next 18 months? This workshop will give you the opportunity to learn and practice negotiating using realistic scenarios, under the tutelage of top school labor attorneys in the state. Participants from all locations will initially view the speaker via videoconferencing and then will interact in local groups.

Participants will:

- Learn how to prepare for, and present, a proposal
- · Learn rules of engagement when you are using a professional negotiator
- Understand the impact of individual behavior and group dynamics

Presenters:

IU 23 Montgomery County – Norristown

Registration:

Members are invited to register for this session, which is \$250.00 per registrant (LEARN Pass applies). Bring your lunch, or we'll bring a box lunch to you for \$10; coffee/tea provided all day. *Labor relations for school leaders: A practical guide to labor contracts, negotiations, strikes, and grievances* (Perhacs, 2013) is available for \$55.00 (includes shipping). Download materials from LEARN Portal, or we'll bring printed materials to you for \$25.00. Registrants are encouraged to take the following PSBA online classes before arriving at the workshop:

- GOV 202 Anatomy of Collective Bargaining Agreements Negotiated Under PERA
- GOV 203 Negotiation Mechanics I
- GOV 204 Negotiations Mechanics II
- GOV 205 Salary Schedules and Other Compensation
- GOV 206 Current Issues in Collective Bargaining
- GOV 207 Negotiating Health Care Coverage in Union Contracts (online)

Thank you for registering/purchasing Negotiation Skills Workshop, Oct. 31, 2015; 9:30 a.m.-2 p.m. (working lunch). An email confirmation will be sent automatically to the Participant Email provided, and will include a copy of your submission entries.



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Jim Cox	Building where Employed:	
Name of Meeting, Event, or Conference: Pennsylva		
Location of Conference: Hershey PA		
Conference Beginning Date: 2/21/2016	Conference End Date: 2/24/2016	
Purpose of Attendance:District Technology Initiatives		
(Please list subject or purpos	se of conference. Ex: Curriculum, Title I, Math)	
Substitute Needed: Yes No Dates Abse	ent from School:	
Estimated Expenses: Travel Meals_75	Lodging 480 Other 242	
Budgeted Yes (yes/no) Employee Signature:	Total\$ <u>1200</u> Date: 9/30	
Principal Signature:	Date: ASN#:	
Superintendent Signature:	Date:	



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Krystal Kier	Building where Employed: NPS, PPS, BIS
Name of Meeting, Event, or Conference:Integrati	ing Speech and ABA-Based Programs- A Closer Lo
Location of Conference: BVIU	
Conference Beginning Date: 10.15.15	Conference End Date:
Purpose of Attendance: Speech Therapy for si (Please list subject or purp	tudents in PRIDE/ Autistic Support ose of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No V Dates Ab	sent from School: 10.15.15
Estimated Expenses: Travel Meals_	Lodging Other
Budgeted(yes/no) Employee Signature:	Total\$ Date <u>: 9 20 1</u> 5
Principal Signature: Marianne Le On	Date: 09/29/15 ASN#:
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal. This form must be completed and submitted with the above request form.

Employee Name: Krystal Kier Building where Employed: NPS, PPS, BS
Name of Meeting, Event, or Conference: Integrating Speech & ABA
1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?
I am interested to learn any new techniques
that could lead to more effective therapy
W AUTISTIC & life SHIIS STUDENTS
2. How will this conference benefit you and the students in the District? How will this conference increase student performance? It will benefit Autistic students as well as any
practices proven to be beneficial.
3. How will you disseminate the information you acquire from this conference to other staff members in the District? Christy Desselle, the districts 4-12 speech therapist will
attend wi me so we can consult as well as share knowledge wi PRIDE teachers @ each of our buildings
4. Did you attend this conference last year? Yes



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Kelley Engle	Building where Employed: HMS
Name of Meeting, Event, or Conference: Prescription	on Drug Abuse and it's Relationship to Heroin
Location of Conference: 11/6/2015	
Conference Beginning Date: 11/6/2015	Conference End Date: 11/6/2015
Purpose of Attendance: Student Assistance Tea (Please list subject or purpos	e of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No ✓ Dates Abse	ent from School: 1
Estimated Expenses: Travel 26 miles Meals 0	
Budgeted noy (yes/no) Employee Signature:	Date: 9/28/15
Principal Signature:	Date: 130/5 ASN#: 5038
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal. This form must be completed and submitted with the above request form.

Employee Name: Kelley Engle Building where Employed: HMS
Name of Meeting, Event, or Conference: <u>Nescription</u> Drug House
1. What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference?
This is a growing problem in our community of it is of almost importance to be Kept informed. We participate in Drug & flooder Afrance ess Edication in our school.
2. How will this conference benefit you and the students in the District? How will this conference increase student performance? Inportant information will be shared with start a start of the start o
3. How will you disseminate the information you acquire from this conference to other staff members in the District? Though the Student Assistance Team Though you disseminate the information you acquire from this conference to other staff members in the District? Though the Student Assistance Team The young the
4. Did you attend this conference last year? Yes No



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Anita Mensch, Anita Steppe Buildin	g where Employed: High School
Heather McCowin	
Name of Meeting, Event, or Conference: SAS Institute	
Location of Conference: Hershey, PA	
Conference Beginning Date: Dec 6 Con	ference End Date: Dec 8
Purpose of Attendance: SAS updates	
(Please list subject or purpose of cor	nference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No Dates Absent from	School: 12/7 and 12/8
Estimated Expenses: Travel 260 Meals 100	Lodging 200 each Other
Budgeted <u>yes</u> (yes/no)	Total\$ <u>960</u>
Employee Signature: Dath Molawn	Date: 10/2/15 10/2/15 10/2/15
Principal Signature: Autor Mh	Date: 10/2/15 ASN#: 6846
Superintendent Signature:	Date:



Conference Request

Please forward a hard copy of this document to your building principal. This form must be completed and submitted with the above request form.

	Employee Name: Anita Mensch Anita Steppe Building where Employed: High School Heather McCowin
	Name of Meeting, Event, or Conference: SAS In Stitute
	What is the reason that you wish to attend this workshop/conference? What is the purpose of the conference? To learn about the changes PDE is making to be sure we are equipped to prepare students to be successful on the Keystone exams, in STEAM programs, and college readiness exams.
2.	How will this conference benefit you and the students in the District? How will this conference increase student rformance?
	So many new initiatives have come from PPE around assessment and accountability, we need to be well informed to Stay on the forfront of those tasks and how they effect students. This helps us help students he successful.
	How will you disseminate the information you acquire from this conference to other staff members in the Distriction of the formation of the department meeting as a data team and department chairs.

4.	Did you attend this conference last year? Yes (2 y cas 5 ago)



Conference Request

Please forward a hard copy of this document to your building principal.

Employee Name: Eric Brandenburg	Building where Employed: Administration
Name of Meeting, Event, or Conference: Pa. Assoc	: School Bus Officials(PASBO) Annual Conf
Location of Conference: Hershey PA	
Conference Beginning Date: March 8th	Conference End Date: March 11th
Purpose of Attendance: Business Manager know	wledge ways to better manage SD finance
(Please list subject or purpos	e of conference. Ex: Curriculum, Title I, Math)
Substitute Needed: Yes No ✓ Dates Abse	ent from School:
Estimated Expenses: Travel Meals_\$4	5 Lodging \$465 Other \$299
Budgeted <u>yes</u> (yes/no)	Total\$ 1,100
Employee Signature: Lear A franchischer	Date: 10/02/15
Principal Signature:	Date: ASN#:
Superintendent Signature:	Date:

Annual Conference

61st Annual Conference and Exhibits

March 8 - 11, 2016

Hershey Lodge and Convention Center, Hershey, Pennsylvania

Attendees (? id=general)

Rates (?id=rates)

Rates (?id=rates)

(http://s3.goeshow.com/pasbo/annual/2016/)

T=pasbo&ID=pasbo)

Registration
(https://files.pasbo.org/conf_reg.asp?)

Future Dates (?id=dates)
id=dates)

Rates

Conference Registration - Please note that a 5% registration discount will be applied to online registrations.

	Early Registration	Registration After 1/31/16
Active/Associate/Education Members	Same and the same of the same	
Three Day Conference (Wednesday thru Friday) (includes 3 continental breakfast & 3 lunches)	\$299.00	\$350.00
Two Day Conference (Wed/Thurs or Thurs/Friday) (includes 2 continental breakfast & 2 lunches)	\$250.00	\$300.00
Single Day - Wednesday, Thursday or Friday (includes 1 continental breakfast & 1 lunch)	\$175.00	\$225.00
Emeritus (does not include any meals)	\$45.00	\$80.00
Conference Webcast	\$175.00	\$175.00
Non-Member - School Employee		
Three Day Conference (Wednesday thru Friday) (includes 3 continental breakfast & 3 lunches)	\$399.00	\$450.00
Two Day Conference (Wed/Thurs or Thurs/Friday) (includes 2 continental breakfast & 2 lunches)	\$350.00	\$400.00
Single Day - Wednesday, Thursday or Friday (includes 1 continental breakfast & 1 lunch)	\$275.00	\$325.00
Business (Non-Exhibitor) (includes 3 continental breakfasts & 3 lunches)	\$485.00	\$535.00
Room Rates (Meals not included)	Single	Double
Hershey Lodge 3 way.	\$143 plus tax*	\$143 plus tax*
Hershey Lodge Hotel Hershey A start of the	\$171 plus tax*	\$171 plus tax*
*Room rates do not include tax which is currently 11%.	(454°) FJ 227 x 2 =	
T	olds \$30	36
med, 505X3=45	•	270