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| Presenter Information |
| Please provide information for all anticipated presenters |

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| **Main Presenter Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Email:** |  |
| **Phone:** |  |

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| **Co-Presenter Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Email:** |  |
| **Phone:** |  |

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| Workshop Information |
| Fields will increase to accommodate responses. |

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| **Identify what type of workshop** | Friday: [ ]  Supersession (250-300 people) [ ]  Breakout Workshop (60-150 people)Saturday: [ ]  Supersession (250-300 people) [ ]  Breakout Workshop (60-150 people) |
| **Workshop Title:** *The title should be descriptive enough to give participants a clear idea of what the session will address* |
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| **Brief Workshop Description (for conference program, if selected)** |
| *Please enter a brief synopsis of the workshop. Please proof for accurate spelling and grammar. The description should tell attendees what they will learn from your presentation. (Maximum of 30 words)* |
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| **Workshop Proposal** (60 total points) |

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| 1. *Provide a detailed description of the* ***content*** *of your proposed workshop (Up to 400 words).* ***30 points***
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| 1. *Provide 2-3 learning objectives. What will the attendees be able to do if they apply what they learn in this workshop? (Up to 400 words)* ***20 points***
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| 1. *Relevant resources or research used to prepare your presentation.* ***10 points***
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| **Target Texas Core Competencies for Early Childhood Practitioners and Administrators** |
| *List the competency(ies) that align with your workshop. Please identify the name and number.* |
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| **Qualification and Experience** (25 Points total) |
| *Trainer provided Curriculum Vitae (CV)* |
|  [ ]  Yes [ ]  No |

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| **Reasonableness of Cost (**15 Points total) |
| *Please provide an all-inclusive cost for workshop. Include travel, lodging, training materials costs, and any additional factors taken into consideration when calculating price (i.e., discount if duplicating workshop).*  |
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| **Historical Underutilized Business** (5 Points total) |
| *HUB certification attached (if applicable)* |
|  [ ]  Yes [ ]  No [ ]  N/A |

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| **Audio / Visual Need** |
| *All trainers must use their personal laptop/tablet. All sessions will be equipped with screen, projector, speaker and wireless microphone.* |
|  [ ]  Flipchart and markers |
|  [ ]  Laptop video output connector \**Please indicate:* |
|  Brand:  |  |
|  Model/Version: |  |
|  Port type (ex. USB-C, Lightening, VGA): |  |
|  [ ]  Other *Please indicate:* |  |
| Classroom Set up Preference: [ ]  Banquet Round Tables [ ]  Theater Style (chairs only)  |