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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) | | | |