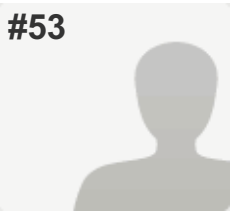


#53



COMPLETE

Collector: Web Link 1 ([Web Link](#))
Started: Friday, January 20, 2017 4:21:39 PM
Last Modified: Friday, January 20, 2017 4:49:32 PM
Time Spent: 00:27:53
IP Address: 63.152.225.150

PAGE 2: Primary Person to Contact

Q1: Primary Contact

Name: Mary Baumann-Spooner
Email Address: mary.baumann-spooner@isd742.org
Phone Number: 13202608788

PAGE 3: Breakout Session Proposal Application Form. Please submit by January 21, 2017.

Q2: Please enter the title of your presentation

Implementing AAC ALL DAY LONG

Q3: Session Description not to exceed 100 words (About 8 - 10 lines) Include the goal or intended beneficial outcome participants should expect as a result of attending your session. (Ex: Gain knowledge of _____. Learn five great strategies including _____.)

AAC is a complex area of assistive technology that requires a team approach to make sure a student is successful with using their communication system. Come meet the ACCESS (Augmentative Communication Coaching to Enhance Student Success) SLPs from the St. Cloud Area School District and learn about our indirect service model that includes coaching techniques to ensure everyone on the student's team (teachers, paras and caregivers) know how to use and implement an AAC system ALL DAY LONG. Learn about our ACCESS Team approach to problem solving AAC systems for student's with complex communication needs. Find out how to identify communication functions and routines to increase your student's communication skills beyond just requesting. Come see actual examples of success stories in our district and find out how we have overcome many barriers that arise when trying to implement an AAC system.

Q4: List at least 2 specific examples of the strategies (Usable Innovations) you intend to demonstrate:

- | | |
|---|--|
| 1 | Coaching Techniques |
| 2 | Partner Assisted Communication Techniques |
| 3 | Identifying Communication Functions and Routines |

Q5: My presentation is best delivered in a: (Please select all session time frames that you would utilize if offered any of the 4 choices below)

90 Minute Session (I am interested in the 15-20 minute facilitated discussion during or at the end of the session and will not need assistance.)

Q6: Grade level addressed (Select all that apply)

Early Childhood, Elementary (K-3),
Intermediate (4-6), Middle School (6-8),
High School, Post High School Transition

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Q7: Would you be willing to present this session more than once at this conference?	Yes
Q8: I prefer the assigned breakout session room be set up to accommodate the following: (Select all that apply)	Lecture/Panel presentation
Q9: My session will focus on strategies (Usable Innovations) that are helpful in meeting the needs of students identified and qualifying for services in the following areas: (Select all that apply)	Expression: (from 'needs' to thinking academically), Blind/Visually Impaired, Communication - S/L, DeafBlind, Developmental Cognitive Disabilities, ECSE - Developmental Delay, Other Health Disabilities, Physically Impaired, Severely Multiply Impaired
Q10: The strategies (Usable Innovations) will address needs in the following area/s: (Select all that apply)	Communication, Literacy--Reading, Literacy--Writing, Literacy--Math, Proactive Behavior Strategies
Q11: My session will focus on factors that influence decision making and/or program delivery in the following areas: (Select all that apply)	Accommodations/Modifications, Positive School & Learning Environment and Student Management
Q12: My session will offer content that should be appropriate for audience members with the following expectations: (Select all that apply)	Beginner (assumes learner has minimal knowledge of or skills with topic) , Intermediate (learner is expected to have knowledge of and experience/skill but is looking for enhancements)
Q13: In addition to the equipment provided (multimedia (LCD) projector, projection screen, wireless internet access, microphone, Computer lab (limited to 25 stations), I would like to request the conference committee to provide the following equipment: (Select all that apply)	<i>Respondent skipped this question</i>
Q14: I plan to bring the following equipment with me:	<i>Respondent skipped this question</i>

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Q15: Presenter 1 information Many speakers receive conference registration and one night's lodging as compensation for presenting at this conference. We are not allowed to extend this offer to commercial exhibitors who may also present with you. ****Only Presenter 1 and Presenter 2 may qualify for compensation per breakout session title.****

Name: Dee Adix
School: Saint Cloud School District
Address: 1000 44th Ave N
City/Town: Saint Cloud
State: MN
ZIP: 56303
Email Address: delores.adix@isd742.org
Phone or Cell Number: 320-253-1600

Q16: Presenter 1 Biographical Information as you want it to appear in our conference brochure. Please try to limit to 50 words.

Dee Adix is an ACCESS SLP with the Saint Cloud Area School District. She works with student that are elementary and middle school age needing augmentative/alternative communication systems.

Q17: Presenter 1 is requesting the following ADA accommodations.

Respondent skipped this question

Q18: Will you be the only presenter for this session? If no, the next page will provide the opportunity to enter your co-presenter's information.

No, I will not be the only presenter for this session. I need to enter my co-presenters information

PAGE 5: Additional Presenters Information

Q19: Presenter 2 information Many speakers receive conference registration and one night's lodging as compensation for presenting at this conference. We are not allowed to extend this offer to commercial exhibitors who may also present with you. ****Only Presenter 1 and Presenter 2 may qualify for compensation per breakout session title.****

Name: Cathy Bengtson
School: St. Cloud Area School District
Address: 1000 44th Ave N
City/Town: Saint Cloud
State: MN
ZIP: 56303
Email Address: cathleen.bengtson@isd742.org
Phone or Cell Number: 320-253-1600

Q20: Presenter 2 Biographical Information as you want it to appear in our conference brochure. Please try to limit to 50 words.

Cathy Bengtson is an ACCESS SLP with the Saint Cloud Area School District. She works with student that are home bound, elementary and transition age needing augmentative/alternative communication systems.

Q21: Presenter 2 is requesting the following ADA accommodations.

Respondent skipped this question

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Q22: Presenter 3 informationPresenter 3 for this session title will not qualify for compensation. They may qualify if they are a presenter for a different breakout session title.

Name: Rachelle Friesen
School: St. Cloud Area School District
Address: 1000 44th Ave N
City/Town: Saint Cloud
State: MN
ZIP: 56303
Email Address: rachelle.friesen@isd742.org
Phone or Cell Number: 320-259-8276

Q23: Presenter 3 Biographical Information as you want it to appear in our conference brochure. Please try to limit to 50 words.

Rachelle Friesen is an ACCESS SLP with the Saint Cloud Area School District. She works with students that are elementary to high school age needing augmentative/alternative communication systems.

Q24: Presenter 3 is requesting the following ADA accommodations.

Respondent skipped this question

Q25: Presenter 4 informationPresenter 4 for this session title will not qualify for compensation. They may qualify if they are a presenter for a different breakout session title.

Name: Mary Baumann-Spooner
School: Saint Cloud Area School District
Address: 1000 44th Ave N
City/Town: Saint Cloud
State: MN
ZIP: 56303
Email Address: mary.baumann-spooner@isd742.org
Phone or Cell Number: 13202608788

Q26: Presenter 4 Biographical Information as you want it to appear in our conference brochure. Please try to limit to 50 words.

Mary Baumann-Spooner is an ACCESS SLP with the Saint Cloud Area School District. She works with student that are elementary to high school age needing augmentative/alternative communication systems. She has served on the Regions 5 & 7 Assistive Technology Network and MDE AT Leadership Team. This fall she taught an augmentative/alternative communication class at St. Cloud State University.

Q27: Presenter 4 is requesting the following ADA accommodations.

Respondent skipped this question

PAGE 6

Q28: Have you received your supervisor's approval to attend this conference?

My (our) attendance is dependent on whether or not this proposal is selected to be a part of the conference program. I understand this in no way will influence approval or rejection of this application.

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Q29: This concludes your application. You may want to "Print" a copy of this application before you submit it. You may also request that we email a copy of your submitted application to you. Please let us know if you would like us to email a copy of the submitted application to you. We will use the contact information provided by Presenter # 1.

Yes, please email a copy of my (our) submitted application.