



# Paramus Summer Institute on the Teaching of WRITING

July 23 - 26, 2018 • 8:30-3:00



## REGISTRATION FORM – PARAMUS STAFF

*(Please complete on computer or typewriter – do not hand write.)*

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Grade: \_\_\_\_\_

**COMPLETE ONE PART ONLY (Part 1 or 2) AS APPLICABLE**

### **Part 1: FIRST-YEAR PARTICIPANTS**

*I would like to attend “Teaching in the Age of Common Core: Best Practices for a Writing Workshop.”*

**Important:** *The (one) specific grade level I would like to join is \_\_\_\_\_.*

**I am a Special Education Teacher:**                      **Yes**                      **No**

### **Part 2: RETURNING PARTICIPANTS and ADMINISTRATORS**

*I would like to attend sections for Returning Participants. I qualify for this because of at least one of the following criteria (please check all that apply):*

*A. I have attended multi-day WRITING Institutes in the past.  
Location: \_\_\_\_\_ Date: \_\_\_\_\_*

*B. I have been a member of the Littgether Teacher Leader Project.  
Date: \_\_\_\_\_*

*C. I have been involved in at least two years of staff development re workshop teaching.  
Staff Developer: \_\_\_\_\_*

*D. I am an Administrator, Literacy Coach, or Staff Developer accompanying teachers to this institute.*

*E. I have experience in workshop teaching, as follows:*  
a) *I can teach a 10-minute mini-lesson.*  
b) *I confer every day and keep records.*  
c) *I use my own reading and writing in my teaching.*

*Returning Participants, Administrators, Literacy Coaches, Staff Developers –  
Please indicate choices (specify Section A, B, C, etc.):*

**Session 1:**    First Choice \_\_\_\_\_    Second Choice \_\_\_\_\_    Third Choice \_\_\_\_\_

**Session 2:**    First Choice \_\_\_\_\_    Second Choice \_\_\_\_\_    Third Choice \_\_\_\_\_

***By signing below, I acknowledge that the selections indicated are appropriate for this Participant (note that we cannot make any on-site changes) and I approve this registration.***

Principal/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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Please submit your completed form, along with a \$50 check payable to “Paramus Board of Education.” to Damari Faddah in the Superintendent’s Office (201-261-7800, x3002) by **May 31, 2018.**  
*Checks will be held and returned upon registrant’s completion of the Institute.*