

March 29th & 30th, 2019

Hartford-Windsor Marriott

*The Alliance for Bloomfield’s Children, CT After School Network, CT Birth to Three, CT Children’s Alliance, CT Council of Family Services, CT Early Childhood Alliance, CT Family Resource Center Alliance, CT Parents as Teachers, CT Parent Advocacy Center, CT Head Start Collaborative, Office of Early Childhood, Real Dads Forever, State Education Resource Center, The SEEDS Network, LLC, Town of Windsor, The Village for Families and Children, University of Hartford, Windsor Family Resource Centers present:*



Together We Will…

***Learn to Support and Develop Children’s Social Emotional Skills to Reduce Challenging Behaviors, Strengthen Families and Communities***

Request for Proposals:

**Proposals deadline November 2,2018**

We are seeking presenters for our 2019 annual conference.

­ The Conference planners are accepting proposals for workshops \_ for the\_ two-day conference which offers parents and professionals throughout Connecticut and the New England area the opportunity to hear from local and nationally renowned speakers. This RFP is to provide opportunities for participants to learn about relevant and timely topics related to trauma/social-emotional development and learning

Please be creative and descriptive in your submission.

***Proposal Review Process:***

Proposals will be reviewed by Conference Committee. Once a proposal has been approved, a letter of acceptance will be e-mailed to the lead presenter. Extra points will be given to proposals that provide tools for practitioners and families to use and for proposals that adhere to adult learning principles

***Audiovisual Equipment:***

AV equipment is the responsibility of the presenter.

## Stipend:

$100 per workshop and waiver of conference registration fees. Presenters may also request a vendor table at no charge.

REQUEST FOR PROPOSAL APPLICATION FORM (PAGE 1 OF 2)

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Please include this form as your submission. Submissions must be postmarked or emailed by   
November 2, 2018.  *(Please complete both pages of the application, and attach supplemental information as needed).*

\*\*\***Please note primary communication with presenters will be done via email**

**Presenter Information:** Please type or print.

Primary presenter

Name:

Telephone (Work): Please include area code

or  
Telephone (Cell): Please include area code

Position/Role:

Organization:

Mailing Address:

**Email**:

Second Presenter (if applicable):

Name:

Telephone (Work): Please include area code

or  
Telephone (Cell): Please include area code

Position/Role:

Organization:

Mailing Address:

**Email**:

REQUEST FOR PROPOSAL APPLICATION FORM (PAGE 2 OF 2)

## Presentation Title:

## Presentation Description: (as you would like to see it appear in the brochure)

## Presentation Topic Strand:

**(Check all that apply):**

🞏 Basics of SEL Theory and Practice

🞏 Family Engagement and SEL

🞏 Self-Care (Caring for the Caretaker, Administrative Support, Psychological Factors in Self-Care)

🞏 Screening Tools; and Assessment of SEL and developmental stages (screening to identify risk factors)

🞏 Parent Advocacy

🞏 Community Collaborations to address social emotional learning and/or trauma

🞏 Resource and Referral

🞏Suspension and Expulsion

🞏 Support and Considerations for Children with Special Needs or Disabilities

🞏 Grade Level Reading (Summer Learning, Chronic Absenteeism, School Readiness)

🞏 Special Education and Special Needs Inclusion

🞏 Identifying Signs and Strategies for Addressing Trauma and/or challenging behavior

🞏 Trauma

🞏 Mental Health

***Presentation Length and Format:***

## We are looking for 90 minute breakout sessions. We encourage presentations that include a combination of lecture, interactive/audience participation, hands on activities, questions and answers and group discussion

**FORMAT (check all that apply):**

🞏 Lecture 🞏 Whole-group discussion 🞏 Small-group discussion

🞏 Interactive (hands-on activity or audience participation in whole group activity)

## Target Audience:

## Please be very specific regarding who the target audience is for your presentation.

## 

**AUDIENCE (check all that apply):**🞏 Parents 🞏 Parenting Educators 🞏 Early Childhood Teachers/Caregivers

🞏 Teachers 🞏 Mental Health Providers 🞏 After-school Professionals

🞏 Early Intervention Provider (Part C, Birth to Three) 🞏 Preschool Special Education Provider (619)

**Addresses the following groups:**  🞏 Infants 🞏 Toddlers 🞏 Preschool 🞏 Children 5-9 🞏 Tweens

## 🞏 Infants, toddlers, and children with special needs and/or disabilities

## Submission Instructions:

**Email your proposal NO LATER THAN November 2, 2018 to** mwhalen@ctafterschoolnetwork.org