

# The Performance of a Lifetime

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Missouri School Age Community Coalition 16<sup>th</sup> Annual Meeting & Professional Development Institute  
Nov. 6-8, 2009 Doubletree Hotel and Conference Center, Chesterfield, MO

## Please Print or type all information

\_\_\_\_\_  
Lead Presenter – First & Last Name

\_\_\_\_\_  
Co-presenter – First & Last Name

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Address

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Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone Fax

(\_\_\_\_) \_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Degree/Certificate/ Credential (if any)

\_\_\_\_\_  
Degree/Certificate/ Credential (if any)

\_\_\_\_\_  
Professional experience relevant to topic

\_\_\_\_\_  
Professional experience relevant to topic

Are you listed on the Missouri OPEN Trainer  
Registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NOT, are you willing to apply to the OPEN  
Trainer Registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are NOT in the OPEN Trainer Registry, please submit a copy of your application form with this  
RFP. (Available online at  
<https://www.openinitiative.org/content/pdfs/TrainerRegistry/TrainerRegistryForm.pdf> )

Within the past five (5) years, has this session been approved for:

CEU

College Credit

Kansas Dept. of Health &  
Environment (KDHE)

If YES to KDHE, what are the approved course number and the Sponsoring Agency?

\_\_\_\_\_

If NO, do you give your consent for submission to KDHE for approval?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Lead Presenter

\_\_\_\_\_  
Date

(Please continue on next page)

**To be considered, RFP must be completed in full and received by the committee no later than July 1, 2009**

Return to: Attn: Sharon Gillette, Vacation Station  
7370 Weldon Spring Rd., O'Fallon, MO 63368  
sharon.gillette@fhdschools.org  
[www.mosac2.org](http://www.mosac2.org)

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## Please print or type all information

Presentation Title \_\_\_\_\_

Short Description of Presentation (30 words or less) which will appear in the conference program information:

\*Please attach a full description of your presentation including your presentation objectives and timed outline

**The target audience for this session is** (check one from each column):

- |   |   |
|---|---|
| <input type="checkbox"/> Administrators       | <input type="checkbox"/> Lower Elementary |
| <input type="checkbox"/> Implementation Staff | <input type="checkbox"/> Upper Elementary |
| <input type="checkbox"/> Support Staff        | <input type="checkbox"/> Middle School    |
|   | <input type="checkbox"/> High School      |

**Target audience (check any that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Public School            | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Non-Profit               | <input type="checkbox"/> Faith Based   |
| <input type="checkbox"/> Parks & Recreation       | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> 21 <sup>st</sup> Century |  |

**Target audience experience in Afterschool (check one):**

- Level 1 skills or knowledge expected of a worker new to the field with minimal specialized education and training.
- Level 2 includes level 1 plus skills or knowledge commensurate with CDA Credential or equivalent education or training.
- Level 3 includes level 1 and 2 plus skills or knowledge commensurate with an associate's degree in the field.
- Level 4 includes level 1, 2, and 3 plus skills or knowledge commensurate with a bachelor's degree in the field.
- Level 5 includes level 1, 2, 3, and 4 plus skills or knowledge commensurate with an advanced degree in the field, understanding that at this level professionals are increasingly specialized.

**Length of presentation:**

- 60 minutes                       120 minutes                       180 minutes

**Are you willing to repeat this presentation?**

- Yes     No

**Primary focus of the presentation –**

(check one from the following Missouri Youth Development Credential Competency Goals and Functional Areas)

To establish and maintain a safe, healthy learning environment:

- Safe                                       Healthy                                       Environment

To advance physical and intellectual competence:

- Physical                                       Cognitive                                       Communication                                       Creative

To support social and emotional development to provide positive guidance:

- Self                                       Social                                       Guidance

To establish positive and productive relationships with families

- Families

To ensure a well-run, purposeful program responsive to participant needs

- Program Management

To maintain a commitment to professionalism

- Professionalism