

School Health and Education Partnership

July 11-14, 2010

Completed forms should be mailed to the address at the end of the registration form.

I. General Information

Clearly type all information EXACTLY as you wish it to appear on your meeting badge.

First Name MI Last Name Degree

Organization/School (As you would like it listed on your name badge.)

Address

City State/Province Zip Daytime Telephone

This address is: Home Business

Summer E-mail Address (Make sure this is an address you can access after June 15th)

Confirm Summer E-mail Address

Do you require special accommodations to fully participate in the meeting? No Yes (If yes, please list details of your special needs.) _____

II. Employment Status

Select the option that best characterizes your position:

School Nurse Family Life Teacher School Health Educator

Division FLE Supervisor Community Health Educator

Other (please explain): _____

III. Registration Fees and Lodging

Note: Longwood University has passed a tobacco-free policy, effective June 1, 2008.

I will attend (check all that apply): Monday Tuesday Wednesday

Attachment B
School Health and Education Partnership Registration Form

Choose one of the following registration options:

	Early Bird, before May 27, 2010	Late registration, May 28-June 11, 2010
<p>On-campus, DOUBLE occupancy rooms (Suites of 4 people [2 rooms], sharing 1 bathroom) Includes 3 meals Monday and Tuesday and breakfast and lunch only on Wednesday.</p> <p>Preferred Roommate: (Roommate requests must match on both participants' registration forms and should be mailed in the same envelope)</p> <hr/>	\$90.00	\$125.00
<p>On-campus, SINGLE occupancy room (No roommate, but will share a bathroom with 1-2 people) Includes 3 meals Monday and Tuesday and breakfast and lunch only on Wednesday. <i>Very limited quantity.</i> First-come, first-served.</p>	\$90.00 plus \$40.00 per night	\$125.00 plus \$40.00 per night
<p>Off-campus (includes lunch only each day. Participant is responsible for arranging/payment of off-campus lodging.)</p>	\$90.00	\$125.00
<p>Out-of-state participants (Out-of-state participants who work in Virginia schools should register as in-state and provide a letter verifying your employment [on official school division stationary] with your registration materials.</p>	\$200 plus \$40 per night if requesting a private room	\$250 plus \$40 per night if requesting a private room

Your registration is not considered complete until payment is received in full. Class assignments and requests for single occupancy rooms will not be reserved until payment is received in full.

IV. Continuing Credit Information

Check all that apply: Nursing CEUs CHES Teacher recertification points

V. Training Sessions

Please select your training session choices. If you are a first-time Family Life Education participant you must attend one *Understanding Human Sexuality Today* workshop. **Spaces are limited.** Please type 1 for your first choice and 2 for your alternate choice *for each session.*

Sessions are appropriate for all participants. However, some sessions may be more appropriate for certain audiences. The following designations indicate the primary audience. Please refer to the course description for more detailed information regarding the content of each class.

FL- Family Life Educators
SH- School Health Advisory
Board Members

NS- School Nurses
AA- All Audiences

Monday July 12, 2010

8:30 a.m. – 9:30 a.m. General Session- All Participants

Today Matters: Four Daily Practices in Education to Guarantee Tomorrow's Success

Participants may choose one (1) day-long session or three (3) breakout sessions.

9:45 a.m. – 5:15 p.m. Choose One Day-Long Sessions

- M01- **FL** Understanding Human Sexuality
- M02- **FL** Dealing with Teen Pregnancy: A Focus on Fatherhood
- M03- **FL** Working with Diverse Populations
- M04- **FL** Family Life and Special Education - *Day one - Participants must attend both days in order to receive continuing education credit.*

If you did not choose an all day session, please choose a breakout session in each time frame.

9:45 a.m. – 11:45 a.m. Breakout Sessions

- M05- **NS** General Session for ALL School Nurses
- M06- **AA** Family Life Education 101
- M07- **AA** The Lab: Innovative Education at Work

1:15 p.m. – 3:00 p.m. Breakout Sessions

- M08- **NS** Using Epidemiology to Prevent the Spread of Disease
- M09- **NS** Promoting Best Practice in School Nursing: How to Design an Effective Poster Presentation
- M10- **AA** The Importance of the Social Determinants of Health: Our Children and Youth
- M11- **AA** Social Marketing
- M12- **AA** Gangs in Our Schools: What You Need to Know
- M13- **AA** Implementing Stages of Change in the Classroom

3:15 p.m. – 5:00 p.m. Breakout Sessions

- _____ M14- **NS** Marketing for School Nurses (Limited to 32 participants)
- _____ M15- **NS** Behind the Scenes: What Happens when you Call 9-1-1
- _____ M16- **NS** Medicaid and Schools: Focus on Nursing Services
- _____ M17- **NS** Using Technology Tools in School Health (Limited to 42 participants)
- _____ M18- **AA** Teen Pregnancy Prevention
- _____ M19- **AA** Working with School Administrators and Parents in FLE
- _____ M20- **AA** Gangs in Our Schools: What You Need to Know (Repeat of M13)

Tuesday, July 13, 2010

Participants may choose one (1) day-long session

- _____ T01- **FL** Understanding Human Sexuality (Repeat of M01)
- _____ T02- **FL** Strengthening Parent Involvement
- _____ T03- **FL** Preventing Risky Behaviors
- _____ T04- **FL** Preparing for the Future: Family Planning
- _____ T05- **FL** Family Life Education and Special Education - *Day two - Participants must attend both days in order to receive continuing education credit.*
- _____ T06- **SH** School Health Advisory Boards
- _____ T07- **NS** School Nurse Coordinators: Everything You Need to Know to Run a Comprehensive School Health Program
- _____ T08- **NS** Physical Assessment (Limited to 60 participants)
- _____ T09- **NS** Ballyhoo! Presenting Building Blocks to Advance the Specialized Practice of Private and Parochial School Nurses
- _____ T10- **NS** Chronic Disease Management: Diabetes & Asthma
- _____ T11- **AA** Stewards of Children/Student Assistance Programs (Limited to 25 participants)
- _____ T12- **AA** BodyWorks (Limited to 20 participants)
- _____ T13- **AA** safeTALK/Internet Safety: Protection thru Education

Wednesday, July 14, 2010

Participants may choose one (1) day-long session or two (2) breakout sessions.

8:30 a.m. – 3:15 p.m. Day-Long Sessions

- _____ W01- **FL** Preventing STD's
- _____ W02- **FL** Strengthening Parent Involvement (Repeat of T02)
- _____ W03- **FL** Dealing with Teen Pregnancy: A Focus on Fatherhood (Repeat of M02)
- _____ W04- **FL** Family Life: The Early Years
- _____ W05- **FL** Family Life Education Panel
- _____ W06- **SH** Shaping Policy for Health Competency

8:30 a.m. – Noon Break Out Sessions

- _____ W07- **NS** I'm a School Nurse: Now What?
- _____ W08- **NS** How to Navigate the Internet for Reliable Health Information/Resources
- _____ W09- **AA** What's New in Special Education
- _____ W10- **AA** Risky Business for Oral Health

1:15 p.m. – 3:15 p.m. Break Out Sessions

- _____ W11- **NS** General Session for ALL School Nurses
- _____ W12- **AA** HIV Testing in Adolescents
- _____ W13- **FL** Evaluating Family Life Education Teachers
- _____ W14- **SH** Health is Academic

VI. Graduate Credit

_____ Please list your confirmation number

Three graduate credit hours will be offered through Virginia Commonwealth University based upon participant interest. This course will be offered Sunday-Tuesday evenings at a cost of \$792.50 for in-state residents and \$1,999.50 for out-of-state residents. Please contact Elaine Kitchen, 804-692-0194 or Elaine.Kitchen@doe.virginia.gov by **May 27, 2010**, for more information or to register for the class. You will be given a confirmation number to list here on the registration brochure when you register. Participants will be notified if there is not enough interest to hold the class. (Payment for this class will be handled by the course professor. Do not include course fees with your registration fee.)

Complete form and mail to:
Michele Orr
Virginia Department of Education
P.O. Box 2120, 20th Floor
Richmond, VA 23218-2120

Your check must accompany your registration form and must be made payable to the *Treasurer of Virginia*. There will be a \$25 return check fee.

Please direct program or registration questions to:

Caroline Fuller
Caroline.Fuller@doe.virginia.gov
804-225-2431, or

Michele Orr
Michele.orr@doe.virginia.gov
804-786-5703