



## Workshop Proposal for Deaf Education Symposium (DES)

*(Deaf Education/Educational Interpreter Workshops)*

*If you have more than one workshop or would like to submit multiple, please complete a separate form for each one.  
Thank you!*

**Proposed Name of Workshop:**

\_\_\_\_\_

**Presenter(s):** \_\_\_\_\_

**Length of workshop:** ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ other \_\_\_\_\_

**Target Audience:** \_\_\_\_\_

**Level of Participants' Prior Knowledge of Topic** *Check one:*

☐ Little/None ☐ Some ☐ Extensive ☐ Teaching

**In what language will you be presenting the workshop?** *Check one:*

☐ ASL\* ☐ English ☐ Other

**\*If presenting in ASL, which type of voice interpretation would you prefer?**

*Check one if applicable:*

☐ Microphone/whole audience voicing ☐ Quiet voicing section upon request

### Checklist of Required Attachments

- ☐ **Detailed Abstract** for Program Book (not to exceed 150 words – 17 lines of type)
- ☐ **Presenter's Bio** for Program Book (not to exceed 150 words – 17 lines of type)  
*A bio is a short promotional document to highlight why you are the best person to present this workshop. It highlights your most significant accomplishments. It is written for interpreters who come to conference to read.*
- ☐ **Presenter's Resume** *a resume is your application to present this workshop. It outlines your qualifications.*
- ☐ **Educational Objectives** (list specific, measurable actions that will demonstrate comprehension and integration of material presented) *State what the learner's will be able to do once they're taken your workshop.*

- ☐ **Media & Materials List** (indicate your print, audio, and visual needs, and who is responsible for providing each)
- ☐ **Evaluation & Assessment Methods** (description of how you will evaluate participant learning and presentation effectiveness) *How can you show that students learned what you were trying to teach them?*

**If we select your workshop,** you will need to submit presentation materials no later than \_\_\_\_\_ for interpreter review. *(TBD)*

**MCDHH can make copies of your handouts if you submit them by:** \_\_\_\_\_ *(TBD)*

**Other information about your presentation:**


*Please submit all your workshop proposals to MICS Coordinator, Shanda Miller, at [Shanda.Miller@MCDHH.mo.gov](mailto:Shanda.Miller@MCDHH.mo.gov).*

*Thank you.*

FOR OFFICE USE ONLY:			
Date Received:	Received By:	Accepted/Denied:	Date Emailed:
Required Attachments Received:			
Abstract:	Bio:	Resume:	Objectives:
Media & Materials List:		Evaluation & Assessment Methods:	
Follow-up requests for information sent:			
Date Final Presentation Received:		PPT:	Print: