

# Conference on the Young Years (CYY)

## Presentation Proposal Information

*Our goal is to provide participants with the opportunity to discuss appropriate practices, share ideas and receive developmental information in the area of early childhood (Birth-3<sup>rd</sup> grade).*

### Submitting a Proposal

Save a blank copy of the PDF proposal to your computer before typing in it. If you type directly on the webpage PDF information will not be saved.

- Save a completed copy of the proposal, attach and email to:  
[Erica.McClary@dese.mo.gov](mailto:Erica.McClary@dese.mo.gov)
- Deadline for submitting proposal(s):  
**July 1, 2019**

### MOPDID Number

If you do not currently have a MOPDID number contact OPEN at [www.openinitiative.org](http://www.openinitiative.org) or 573-884-3373.

### Presentation Evaluations

Presentation titles and descriptions must clearly communicate the content of the presentation. Be thorough and specific so that the planning committee can visualize what you intend to present and how. (CYY reserves the right to edit descriptions that are accepted.)

### Target Audience

Indicate the target audience your presentation is designed for.

**Beginning/Emerging:** An introduction for someone new to the field. Basic skills, knowledge and interest in topics or terminology.

**Intermediate/Established:** A next step for professionals who have been in the field a number of years. Goes beyond the basic knowledge of topics and provides more in-depth information.

**Advanced/Experienced:** Someone with an extensive level of work experience or educational background in the particular area/topic. Has a high level of depth of knowledge, is proficient and skilled in the topic being presented. Is able to fully engage in the topic and actively incorporates information for complex understanding.

**Across Levels:** Scaffolding information from the intermediate to the advanced level. Information shared should be a balance between both categories.

### Promotional Materials

Selling or promoting materials during the presentation is **strictly prohibited**. Presenters may rent a booth space in the exhibit hall for this purpose. More information about booth space will be available on the [Early Learning CYY webpage](#) fall 2019.

### Additional Information

**Conference** will be responsible for providing:

- ✓ One microphone
- ✓ One podium
- ✓ Two 8-foot tables
- ✓ A screen will be provided if indicated on the presentation proposal request

**Presenter(s)** will be responsible for providing:

- ✓ Laptop
- ✓ Projector
- ✓ Laptop speakers
- ✓ Power cords
- ✓ Handouts (If applicable)

### Acceptance Notification

Presenters will be notified of acceptance in **August 2019**.

All conference information will be shared with the lead presenter. It is the lead presenter's responsibility to convey information to the co-presenter, if applicable.

If selected the lead presenter and one co-presenter will receive complimentary registration. All other costs, including lodging, will be at the presenter's expense.

### Additional questions contact

[Erica.McClary@dese.mo.gov](mailto:Erica.McClary@dese.mo.gov)

(573) 751-2095

or visit the [Early Learning CYY webpage](#)

**Thank you for submitting a proposal!**



CONFERENCE ON THE YOUNG YEARS  
PRESENTATION PROPOSAL  
MARCH 12-14, 2020

FOR OFFICE USE ONLY

PRESENTER INFORMATION		
PRESENTER NAME	MOPDID # (Six digit number only, no special characters or letters)	
TITLE	AFFILIATION	
EMAIL		
PHONE NUMBER	WORK PHONE	
MAILING ADDRESS		
CITY	STATE	ZIP
CO-PRESENTER INFORMATION		
CO-PRESENTER NAME	MOPDID # (Six digit number only, no special characters or letters)	
TITLE	AFFILIATION	
PHONE NUMBER	EMAIL	
PRESENTATION INFORMATION		
PRESENTATION TITLE:		
CORE COMPETENCIES FOR EARLY CHILDHOOD AND YOUTH DEVELOPMENT PROFESSIONALS USE THIS <a href="#">LINK</a> TO SELECT THE APPROPRIATE CORE COMPETENCY CODE FOR YOUR PRESENTATION. (EXAMPLE: 2.3.1.A) _____		
INTEREST AREA: CHECK <u>ONE</u> AREA OF INTEREST TO BEST DESCRIBE YOUR PRESENTATION TO CONFERENCE PARTICIPANTS.		
<input type="checkbox"/> CLASSROOM ENVIRONMENT	<input type="checkbox"/> LANGUAGE ARTS AND LITERACY	<input type="checkbox"/> SCHOOL, HOME AND COMMUNITY
<input type="checkbox"/> CULTURE/DIVERSITY	<input type="checkbox"/> LEADERSHIP/MANAGEMENT	<input type="checkbox"/> SOCIAL EMOTIONAL DEVELOPMENT
<input type="checkbox"/> EARLY CHILDHOOD PROGRAMMING	<input type="checkbox"/> MATHEMATICS	<input type="checkbox"/> SPECIAL EDUCATION/OT/PT/INCLUSION
<input type="checkbox"/> EXPRESSIVE ART/MUSIC	<input type="checkbox"/> PHYSICAL DEVELOPMENT	<input type="checkbox"/> STEAM/STEM
<input type="checkbox"/> HOME VISITING (PAT, HEAD START, ETC.)	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> OTHER _____
PRESENTATION DETAILS		
AGE GROUP: SELECT <u>ONE</u> AREA THAT APPLIES.		
<input type="checkbox"/> PRENATAL	<input type="checkbox"/> TODDLER	<input type="checkbox"/> KINDERGARTEN
<input type="checkbox"/> INFANT	<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> FIRST GRADE
<input type="checkbox"/> SECOND GRADE		<input type="checkbox"/> THIRD GRADE
TARGET AUDIENCE: THE DESCRIPTION OF EACH CATEGORY IS DETAILED ON THE COVER PAGE. SELECT <u>ONE</u> AREA THAT APPLIES.		
<input type="checkbox"/> BEGINNING/EMERGING	<input type="checkbox"/> INTERMEDIATE/ESTABLISHED	<input type="checkbox"/> ADVANCED/EXPERIENCED
<input type="checkbox"/> ACROSS LEVELS		
LENGTH OF PRESENTATION:	REPEAT:	
<input type="checkbox"/> 1 HOUR	<input type="checkbox"/> YES, I WILL REPEAT THE PRESENTATION	
<input type="checkbox"/> 1 ½ HOUR (LIMITED AVAILABILITY)	<input type="checkbox"/> NO, I WILL NOT REPEAT THE PRESENTATION	
PRESENTATION STRUCTURE:		
<input type="checkbox"/> INTERACTIVE	<input type="checkbox"/> LECTURE	<input type="checkbox"/> MAKE AND TAKE
<input type="checkbox"/> PANEL		
SPECIAL PRESENTATION REQUEST:		
<input type="checkbox"/> ADDITIONAL SET-UP TIME	<input type="checkbox"/> LARGE ROOM	<input type="checkbox"/> TABLES FOR PARTICIPANTS
<input type="checkbox"/> AUDIO/VIDEO WILL BE USED IN POWERPOINT	<input type="checkbox"/> SCREEN	<input type="checkbox"/> LIMITED NUMBER OF PARTICIPANTS: _____

THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, OR DISABILITY IN ITS PROGRAMS AND ACTIVITIES. INQUIRIES RELATED TO DEPARTMENT PROGRAMS AND TO THE LOCATION OF SERVICES, ACTIVITIES, AND FACILITIES THAT ARE ACCESSIBLE BY PERSONS WITH DISABILITIES MAY BE DIRECTED TO THE JEFFERSON STATE OFFICE BUILDING, OFFICE OF THE GENERAL COUNSEL, COORDINATOR – CIVIL RIGHTS COMPLIANCE (TITLE VI/TITLE IX/504/ADA/AGE ACT), 6TH FLOOR, 205 JEFFERSON STREET, P.O. BOX 480, JEFFERSON CITY, MO 65102-0480; TELEPHONE NUMBER 573-526- 4757 OR TTY 800-735-2966; EMAIL: [CIVILRIGHTS@DESE.MO.GOV](mailto:CIVILRIGHTS@DESE.MO.GOV).

**PRESENTATION INFORMATION**

**PRESENTATION TITLE:**

**DESCRIPTION OF PRESENTATION:** PROVIDE A DESCRIPTION OF YOUR PROPOSED PRESENTATION IN 50-100 WORDS. BE SPECIFIC AS TO HOW THE PRESENTATION WILL BE STRUCTURED, TELL WHAT PARTICIPANTS WILL LEARN AND WHY IT IS RELEVANT AND APPLICABLE.

**SUGGESTED DESCRIPTION FOR THE CONFERENCE BROCHURE:** IN TWO OR THREE SENTENCES GIVE AN ACCURATE DESCRIPTION OF THE PRESENTATION TO ASSIST PARTICIPANTS IN MAKING PRESENTATION SELECTIONS. (CYY RESERVES THE RIGHT TO EDIT DESCRIPTIONS THAT ARE ACCEPTED.)

**FOR PLANNING COMMITTEE USE ONLY**

**Criteria:**

	<b>Low</b>				<b>High</b>
Relevance to the Conference	1	2	3	4	5
Originality	1	2	3	4	5
Clarity and Organization	1	2	3	4	5
Usefulness to Conference Participants	1	2	3	4	5
Adherence to Philosophy - Developmentally Appropriate Practices (DAP)	1	2	3	4	5

**Comments: (Required)**

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**PLANNING COMMITTEE RECOMMENDATION:**

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_