



**A World of Difference for All Infants,
Toddlers and Families**



Hard-copy proposal submissions must include:

- One copy** of the PROPOSAL FORM, filled out in its entirety (two pages);
- One copy** of an ABSTRACT SUMMARY (no longer than 50 words) to be published in registration materials;
- One copy** of each presenter's BIOGRAPHY (4 to 10 sentences); and
- One copy** of the ABSTRACT* (one – two pages, double-spaced, 12 point font).

***ABSTRACT REQUIREMENTS:** To ensure a blind review, no presenter or organization names should appear in the abstract. All proposal abstracts must include:

1. **SESSION TITLE** (subject to editing, maximum 15 words)
2. **SESSION SUMMARY** (subject to editing, maximum 50 words) to appear in registration materials and should briefly describe your topic and presentation method. The description should be written in a creative way that "sells" your topic to participants
3. Succinct **STATEMENT OF THE ISSUE**, solutions explored, and possible implications for programs, families, or the field (250-300 words)
4. At least **3 LEARNING OBJECTIVES** written in measurable, behavioral terms – e.g. describe, discuss, list, demonstrate, state, explain, identify, etc. The objectives should state knowledge or skills that participants will be able to demonstrate. "Participant will be able to..." References: <http://www.nwlink.com/~donclark/hrd/bloom.html> or <http://officeport.com/edu/blooms.htm>
5. Description of **PRESENTATION OUTLINE** including content and format
6. Description of strategies to incorporate **ADULT LEARNING PRINCIPLES** within the session (no more than 50 words)
7. Site the relevance to at least one of the following **REGULATIONS AND STANDARDS:**
 - **Head Start Program Performance Standards** related to the presentation content. (For more information about the Head Start Program Performance Standards, you may call the Head Start Knowledge and Information Center at 1-866-763-6481 or go to <http://www.acf.hhs.gov/programs/hsb/performance/index.htm>. We suggest that you focus on section 1304.); **and/or**
 - **State/Territory Child Care Licensure Regulations** related to the presentation content. (For more information about the State/Territory Child Care Licensure Regulations, you may call the National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS or go to <http://nrc.uchsc.edu/states.html>); **and/or**
 - **Voluntary Accreditation Standards** related to the presentation content. (For more information about Accreditation Standards, you may call the National Association for the Education of Young Children at 1-800-424-2460 or go to <http://naeyc.org> and the National Association for Family Child Care at 1-801-269-9338 or go to <http://www.nafcc.org/books/index.shtml>.)



Proposal Form, Page 1

Mail-In Proposal Deadline: December 7, 2007 (Postmark Date)
This form must accompany all proposals. It may be photocopied.

Please type or print the following information: (*write as you would like to see in print)

1. PRESENTER NAME:* (Liaison)											
Select highest credential/degree earned*:	CDA	AA	BA	BS	MA	MS	PhD	EdD	Other:		
Job Title:*											
Organization/Program Name:*											
Mailing Address:											
City:						State:			Zip:		
Business telephone (with area code):											
Fax number (with area code):											
E-mail:											
Organizational Affiliation:											
EHS/HS Program	Migrant and Seasonal Head Start					HS T/TA Provider					
Child Care	Community Partner					Consultant					
Federal Government	State Government					Researcher					
Child Care Resource & Referral Agency					Other (specify):						

Additional Presenter information, if applicable:

2. ADDITIONAL PRESENTER NAME:*											
Select highest credential/degree earned*:	CDA	AA	BA	BS	MA	MS	PhD	EdD	Other		
Job Title:*											
Organization/Program Name:*											
Mailing Address:											
City:						State:			Zip:		
Business telephone (with area code):											
Fax number (with area code):											
E-mail:											
Organizational Affiliation:											
EHS/HS Program	Migrant and Seasonal Head Start					HS T/TA Provider					
Child Care	Community Partner					Consultant					
Federal Government	State Government					Researcher					
Child Care Resource & Referral Agency					Other (specify):						

Additional Presenter information, if applicable:

3. ADDITIONAL PRESENTER NAME:*											
Select highest credential/degree earned*:	CDA	AA	BA	BS	MA	MS	PhD	EdD	Other		
Job Title:*											
Organization/Program Name:*											
Mailing Address:											
City:						State:			Zip:		
Business telephone (with area code):											
Fax number (with area code):											
E-mail:											
Organizational Affiliation:											
EHS/HS Program	Migrant and Seasonal Head Start					HS T/TA Provider					
Child Care	Community Partner					Consultant					
Federal Government	State Government					Researcher					
Child Care Resource & Referral Agency					Other (specify):						

Proposal Form, Page 2

About the session:

Select 1 of the following content areas that most closely relates to your proposal:					
Inclusive Child Development		Family & Community Partnerships			
Health & Prenatal Services		Management & Professional Development			
Select your main target Audience (Choose all that apply):					
Direct Service Staff (Child care providers, home visitors)		Managers/Administrators (directors, supervisors, policy makers, technical assistance staff)		Parents	
Select most appropriate session level:*					
AWARENESS: Session provides basic information; designed for those who know little about the session topic.	SKILL BUILDING: Session provides opportunity to build and/or practice skills; designed for those who want to learn how to effectively use their basic knowledge or understanding of the topic.	CHANGING BEHAVIOR: Session provides high level content, with opportunities to problem solve and learn new perspectives; designed for those who are already knowledgeable about, or experienced in, the topic area.			
Select format type that best describes your session:					
LECTURE/INTERACTION: Session is 50/50 split in time dedicated to presenter(s) lecture and audience interacting with the content.					
INTERACTIVE: Limited content delivered by the presenter and a vast majority of time (75% or more) spent in a variety of interactive learning modes.					
CONVERSATION/DISCUSSION: The agenda is built around a series of questions with the presenter serving primarily as facilitator.					
If this proposal is accepted, I am able to:	Repeat this session			Yes	No
	Present & provide materials in Spanish as well as English? (I am/we are fluent in Spanish)			Yes	No
Audio-visual needs: <i>Presenters are required to provide their own laptop. EHS NRC will ask for further information about equipment needs if your presentation is accepted</i>					

Mail proposals to:

**12th ANNUAL BIRTH TO THREE INSTITUTE
EHS NRC @ ZERO TO THREE
Attn: Marcia Sandifer
2000 M Street, NW, Suite 200
Washington DC 20036-3307**

Postmark Deadline Date: December 7, 2007

For questions:

**Contact EHS NRC
Phone: (202) 638-1144 or
Email: BTTinfo@zerotothree.org**

**PROPOSALS WILL NOT BE
ACCEPTED VIA FAX**