Illinois ASCD's CLDN meets once a month from November-May and will provide you with access to industry leading experts in some of the most cutting edge topics in education.

**SCHEDULE**

**Day 1: Nov. 18**
- **Assessment Literacy & Rubrics and Performance Takes**
  - Jennie Winters: Assessment 911
  - Sean McSweeney: Rubrics and Performance Tasks

**Day 2: Jan. 27**
- **Evidence-Based Grading**
  - Steve Oertle: Evidence-Based Grading

**Day 3: Feb. 24**
- **Wellness and Self-Care**
  - Donna McCaw: Administrator, Teacher and Student Wellness

**Day 4: Apr. 20**
- **Diversity and Inclusion & Culturally Responsible Justice**
  - Megan Fuciarelli: Restorative Practices/Justice (Discipline support) **Administrator Academy Credit available**

**Day 5: May 18**
- **Professional Learning Communities**
  - Carrie Kamm: K-8 PLCs and Formative Assessment
  - Debbie Poffinbarger: PLC Implementation

**DETAILS**

**Where:**
CHSD 218 Academy
10701 S. Kilpatrick,
Oak Lawn, IL 60453

**When:**
8:30 a.m. to 3:30 p.m.

**Cost:**
- $999.00 (IL ASCD Member)
- $1048.00 (Non-member - includes 1 year membership)

**Who:**
Those responsible for curriculum leadership in a school or district setting: Principals, AP’s, Directors of Curriculum, Assistant Superintendents for Curriculum, Department Chairs, Teacher Leaders, Curriculum Coordinators, or any other leadership position with curriculum responsibilities.

**What:**
- Professional Development Hours
- Administrator Academy Credit (April 20th session)
- Breakfast & Lunch Each Day
- Complimentary Topical Books
- Graduate Credit
- Curriculum Mentoring
CLDN MEETING LOCATION:
November through May
CHSD #218 Academy
10701 S. Kilpatrick
Oak Lawn, IL 60543
8:30 a.m. to 3:30 p.m.

REGISTRATION INCLUDES:
- Five days of learning: November - May
- Optional curriculum mentorship
- Professional Development Hours
- Breakfast and lunch
- Complimentary book at each installment
- Free parking

HOW TO REGISTER:
Online: Use your Visa, MasterCard, Discover, or American Express card at www.illinoisascd.org
Call: 800-877-1478 or 309-438-2160, Mon. through Fri.
8:00 a.m. to 4:30 p.m. and use your Visa, MasterCard, Discover, or American Express.
Mail: Send completed form with check or copy of PO
to: ILASCD – CLDN – Illinois State University,
Conference Services, Campus Box 8610, Normal, IL 61790-8610.
Fax: Fax completed form to 309-438-5364 using your Visa, MasterCard, Discover, or American Express or a copy of school purchase order.

Registration deadline is Nov. 13 2019.
A $15.00 fee will be charged for cancellations made in writing prior to the deadline. No refunds will be given after the deadline. Confirmation will be sent via e-mail after your registration is processed. Registrations can be transferred to another individual by faxing information to 309-438-5364 or by emailing dscowde@ilstu.edu

Name:______________________________________________________________________________Title/Position________________________
School/School District: ___________________________________________________________________________________________________
Address: ________________________________________________ __________________________ IL ASCD Membership #____________
City: ____________________________________ ____________________________State:________ Zip Code: _____________________________
Telephone #:____________________________________________ Summer Contact Phone #: _______________________________________ 
Fax #: _______________________ ______________________Email Address: _______________________________________________________
IEIN # _____________
Registration Fee: $999.00 (Illinois ASCD Member).............$ _______________
$1048.00 (Non-member- includes 1 year membership).......$ ________________
Payment Information: (Payment or purchase orders MUST accompany registration form)
___Check made payable to Illinois State University enclosed OR Purchase order ENCLOSED.
Purchase order #:__________
Charge Credit Card: ___Master Card __Visa __ Am/Ex __Discover

_______________________________________________________________ 3 Digit CVV code
Account Number Expiration: (Month/Year MM/YY)

Name on Credit Card (Print Name)