



# WORKSHOP PROPOSAL

## *New York State School Social Workers' Association*

**Title of workshop:** \_\_\_\_\_

**Subject/topic** of the course/educational activity: \_\_\_\_\_

**Attach a workshop description** of not more than 100 words that can be used as an **abstract for the conference brochure/flier** as well as **three learning objectives**.

**Description** of course/educational activity content:

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**Three (3) Learning objectives (measurable)** of the course/educational activity: *Ex: Participants will (be able to [address, provide, implement, create, organize...]/ learn/ understand/ become familiar with/...*

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**Description of the teaching methods to be used and if any audio/visual/computer equipment is required and/or special seating or space requirements are needed.**

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**I am willing to do:**

**A. In Person Presentation:**  Yes  No **B. Virtual Presentation/Webinar**  Yes  No

**Dates Available:**  Wednesday p.m., 11/5/2025  Thursday, 11/6/2025  Friday, 11/7/2025

**Length of Workshop:**  1.0 Hour  1.5 Hours  2 Hours  3 Hours

**PRIMARY Audience:**  Pre-School  Elementary  Middle  High School  K-12  
(Proposals addressing K-12 should include information and interventions at each level.)

**Practice Level (Primary audience):**  **Beginner** (Has little to no knowledge of this topic.)  
 **Intermediate** (Has some knowledge of topic and looking to advance their skills.)  
 **Advanced** (Very knowledgeable on the topic but looking for more depth of information & skill sets.)

**Presentation Style:**  Lecture  Panel  Experiential  Other \_\_\_\_\_

NYSSWA- Conference-Workshop-2/12/2025

**PRESENTERS:** Please provide a curriculum vitae or resume for EACH instructor that: (1) **demonstrates his or her qualifications to conduct the course(s)/educational activities**; and (2) includes at least his or her: (a) name; (b) current employment title; (c) degree(s) earned, with name and location of institution, major, and date received; (d) **licensure status (if applicable)**; (e) **evidence of expertise on the topic** (f) teaching experience; and (g) previous professional positions.

**Primary Presenter:** \_\_\_\_\_ *Resume' and/or vitae required from ALL presenters.*  
Phone: \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Have you presented before? Where? \_\_\_\_\_

Have your trainings been previously approved for SW CEs by the NYSED Office of Professions?

Yes \_\_\_  No\_\_\_ Please indicate for whom and when:

Additional Presenter: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Presenter: \_\_\_\_\_ Email: \_\_\_\_\_

**(Resumes need to be submitted by each co-presenter.)**

**SPEAKER FEE:** My expenses will be covered by my Employer  Yes  No

NYSSSWA is a small organization with a very limited budget. Any speaker costs will be negotiated on an individual basis.

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Please send completed form and resumes or all presenters to Dot Kontak, Director of Communications & Membership Services at [Dot.Kontak@nyssswa.org](mailto:Dot.Kontak@nyssswa.org)

Thank You.