



CONFERENCE CONNECTIONS FORM

MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT

NAME _____ DATE OF REQUEST _____

NAME OF CONFERENCE _____

CONFERENCE DATE(S) _____

HOW IS THIS CONFERENCE RELEVANT TO YOUR DAILY WORK SUPPORTING STUDENTS AND DISTRICTS?

HOW DOES THIS CONFERENCE SUPPORT OUR ISD PRIORITIES OF BEHAVIOR SUPPORTS, EARLY LITERACY, AND/OR TRAUMA INFORMED PRACTICE?

HOW DO YOU PLAN TO SHARE WHAT YOU LEARNED FROM YOUR CONFERENCE WITH OTHERS?

PLEASE SUBMIT THIS FORM WITH YOUR CONFERENCE REQUEST FORM. CONFERENCE REQUESTS WILL NOT BE PROCESSED WITHOUT RECEIPT OF THIS FORM.