

The Path to Bilingualism: The Child and Family



SAVE THE DATE

March 16-17, 2012

Delaware Family Advocacy and Child Educational Services is proud to host the third Summit designed for ASL/English Early Childhood Bilingual Education Professionals.

Statewide Programs for the Deaf,
Hard of Hearing and Deaf Blind
630 E. Chestnut Hill Road
Newark, DE 19713

Target Participants:
Only those who are actively involved in the field of ASL/English Bilingual Education. See below for more information about the Summit and registration.

Our Mission is...to promote the development, management, and coordination of ASL/English bilingual early childhood education for children who are deaf and hard of hearing and their families

So that...families are afforded the option of choosing ASL/English bilingual early childhood education for their child

Contact Information:
ECE.SUMMIT@gmail.com



About the Summit

Delaware Family Advocacy and Child Educational Services is proud to host the National American Sign Language and English Bilingual Consortium for Early Childhood Education's third summit. The theme of the Summit is **The Path to Bilingualism: The Child and Family**. This is an opportunity for professionals to meet to address the new direction as well as "hands on demonstrations of ASL/English Bilingual Education for deaf and hard of hearing children ages 0-8. and their families.

The purpose of this Summit is to identify and evaluate the themes, terminologies and forms of discourse in early childhood education that have historically underserved and underrepresented groups of students and adults, while catering to a privileged few. Some of the possible issues within this change of view include: bilingual acquisition, pedagogies, language and literacy, equity and diversity, and family and teacher education. At the next Summit, based on the feedback of the past participants, there will be four separate clusters of professionals working with children ages 0-3; 3-5; 5-8 and 0-8. The focus areas are assessments, early literacy, pedagogy, family education and multiculturalism.

We hope to address many of the issues faced by professionals, especially those who are **actively** involved in the field of ASL/English Bilingual Education such as service providers, childcare providers, deaf mentors, early-grade teachers, medical personnel, speech language specialists, audiologists as well as teacher education and staff development programs. Please note that the Summit is not meant to serve as an introductory conference. It is designed for those who are quite familiar with ASL and English bilingualism and desire to enrich their professional development.

The Summit will begin on Friday, March 16th at 7:45 am and end on Saturday, March 17th at 5:00 pm. The agenda and presentations will be announced shortly.



Hotel Information

Holiday Inn Express & Suites AND the Comfort Inn & Suites

These hotels are sister properties and function under the same management. Both have a breakfast buffet and internet. Between both hotels, there should be ample availability. There is a flat rate of \$101 plus tax for a two queen bed standard room in both hotels for Thursday, March 15th through Sunday, March 18th.

Holiday Inn Express and Suites Wilmington–Newark
1201 Christiana Road
Newark, DE 19713
302 737 2700
302 451–3939 fax

Reservations must be made by calling the hotel front desk at 302 737–2700 and requesting the group code **ASL** by Feb 14, 2012. After this date, reservations will be accepted on a space and rate available basis only. Guests are responsible for all charges.

Comfort Inn and Suites Wilmington–Newark
3 Concord Lane
Newark, DE 19713
302 737 3900
302 737 2630 FAX

Reservations must be made by calling the hotel front desk at 302 737–3900 and requesting the group code **ASL** by Feb 14, 2012. After this date, reservations will be accepted on a space and rate available basis only. Guests are responsible for all charges.

Transportation

Airport: PHL–Philadelphia International Airport (about 40–45 minutes to the hotel depending on traffic).

Train: Amtrak: 100 South French Street, Wilmington, DE (302) 429–6529

The shuttle with a fee will be available between the airport and the hotel. Check online reservation: <http://delexpress.com/>.

Free transportation will be provided for commuting between the hotel and the Summit site, Delaware School for the Deaf (about 5-10 minutes each way).

To Register

Complete and return both pages
Registration without the attendee's signature will not be processed

Attendee Information

First Name: _____ Last Name: _____
Suffix: _____ VP/IP: _____ Phone: _____
Address: _____
City: _____ State/Province: _____ IP Code: _____
Work email: _____ Pager email/text#: _____

Program Information

School/Program: _____
Address: _____
City: _____ State/Province: _____ ZIP Code: _____
Country: _____
Position: _____
For working groups, please select: ____ (0-3); ____ (3-5); ____ (5-8): ____ (0-8)

Meal Requests

(all special requests must be made in writing by March 1, 2012) you may be contacted for clarification

Vegetarian: _____ Vegan: _____ Gluten Free: _____ Diabetic: _____
Other (please specify): _____

Communication Access Needs (Summit will be conducted in ASL.)

Please check: Deaf/Blind Interpreter Spanish Interpreter Spoken English Interpreter

Payment Information

Registration fee: \$150 per person.

Includes breakfast and lunch, printed materials and souvenir kit.

Seating is limited to 150 participants only so registrations will be accepted on a first come, first served basis.

Deadline for Registration is **February 29, 2012**

No refunds will be given after **March 1, 2012**

Form of Payment: Check #: _____ PO #: _____

Checks Payable to: **Statewide Programs for the Deaf, Hard of Hearing and Deaf Blind**

Purchase Orders must be received no later than **March 1, 2012**. Attach a copy of the purchase request.

Submitting your paperwork

All paperwork must be submitted to the following address: **ATTN Debbie Trapani, Statewide Programs for the Deaf, Hard of Hearing and Deaf Blind, 630 E. Chestnut Hill Road, Newark, DE 19713**

Completed registration forms & Purchase orders may be emailed to: ECE.SUMMIT@gmail.com.

Permission for Release

The complete contents of this form are to be read by--or translated into American Sign Language (ASL), as appropriate--the National American Sign Language & English Bilingual Consortium for Early Childhood Education (ECE). The Consortium's Project is designed to provide training, action research and curriculum development for ECE professionals in Deaf Education.

Final Products

The final product of the videotape will be used as part of the training and curriculum. The Project will not receive any payment from this product. The original videotapes will become the property of the Consortium and used for pre-service and in-service training purposes. If you have any questions or concerns, you may contact the Consortium Board at ECE.Summit@gmail.com.

Agreement by the Summit Participant

I, the undersigned, do hereby consent and agree that the Consortium, or its agents have the right to take photographs, videotape, or digital recordings of me beginning on and ending on the dates of the entire Summit and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the Consortium. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to the Consortium and its agents all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of Participant

I have read and/or had translated into ASL the above information. My signature below indicates that I understand the above information, agree to participate in the Project, and release videos/ photos of myself and/or documents to the Consortium for use in this Project.

Name (print or type) _____

Signature _____ Date _____

