2010 WI State Music Conference Session Proposal

You are invited to propose educational sessions for the Wisconsin State Music Conference in October 2010. You may offer your services as a clinician or nominate someone else. Each proposal will be referred to a conference planning subcommittee by area of interest before being forwarded to the WMEA Executive Committee.

Session Category: *(Check those that apply.)*

Choral
- ❑ Elementary/Middle Level
- ❑ High School/College

Orchestra
- ❑ Elementary/Middle Level
- ❑ High School/College

Band
- ❑ Elementary/Middle Level
- ❑ High School/College

General Music
- ❑ Early Childhood
- ❑ Elementary
- ❑ Secondary

Other
- ❑ Administration
- ❑ Collegiate
- ❑ Higher Education/Research
- ❑ Jazz
- ❑ Life Long Learning
- ❑ Technology
- ❑ Other _____

Check the appropriate Wisconsin Music Standard this session will address:
- ❑ A. Singing
- ❑ B. Instrumental/Playing
- ❑ C. Improvisation
- ❑ D. Composition
- ❑ E. Reading Notation
- ❑ F. Analysis
- ❑ G. Evaluation
- ❑ H. Connections

Check the appropriate Wisconsin Teaching Standard(s) this session will address:
- ❑ #1 Teachers know the subject they are teaching.
- ❑ #2 Teachers know how children grow.
- ❑ #3 Teachers understand that children learn differently.
- ❑ #4 Teachers know how to teach.
- ❑ #5 Teachers know how to manage a classroom.
- ❑ #6 Teachers communicate well.
- ❑ #7 Teachers are able to plan different kinds of lessons.
- ❑ #8 Teachers know how to test for student progress.
- ❑ #9 Teachers are able to evaluate themselves.
- ❑ #10 Teachers are connected with other teachers and the community.

Please provide as thorough of a description of the clinician and session topic as possible. Detailed proposal information if especially helpful to the planning committee during the session review process.

Session Title: _____

Session Description: _____
(Please provide additional information on separate sheet if necessary.)

Session Type:
- ❑ Clinic
- ❑ Demonstration
- ❑ Panel or Discussion
- ❑ Performance/Demonstration

Nominated Clinician or Presenter:
Please provide additional biographical information on separate sheet if necessary. For panels, designate an organizer and list additional names of panelists.

Clinician Name: _____

School or University: _____

Address: _____
Preferred Street Address City State Zip Code

Work phone: _____ Home phone: _____ E-mail: _____

Contact Information for Nominators:

Nominator name: _____

Address: _____
Preferred Street Address City State Zip Code

Work phone: _____ Home phone: _____ E-mail: _____

SEND TO: Wisconsin State Music Conference 2010 ● 1005 Quinn Drive ● Waunakee ● WI ● 53597
FAX TO: 608-850-3515
DUE: DECEMBER 15, 2010