

Share practices that contribute to the growth of all staff!  
Join us for this unique two-day institute.

# Collaborating to Strengthen Your Educator Evaluation System: A Two-Day Institute

The Institute is a partnership among NJEA, NJPSA and FEA.



October 11 and December 15, 2017  
9 am - 3 pm  
at Foundation for Educational  
Administration Conference Center



**Presenters:** David Yastremski, Teacher, Ridge HS, Basking Ridge, Dr. Dana Zimbicki, President, East Brunswick Education Association, John Farinella, Principal, Rahway HS, Rahway Schools, and Sally Millaway, Principal, Gables School, Neptune

**Educator effectiveness is a key driver for improving student learning and a key driver for a successful evaluation system in a positive school culture. This Institute is designed for four-person teams of teachers and administrators from a school or district. Participants will engage in an authentic exploration of strategies that strengthen the implementation of the teacher evaluation system through a culture of mutual respect and shared leadership.**



**Please Bring Your Device to This Workshop!**

## REGISTRATION

### *Collaborating to Strengthen Your Educator Evaluation System: A Two-Day Institute*

October 11 and December 15, 2017

9 am - 3 pm at FEA

*Fee: \$250 for 4-person teams of teachers and administrators.*

***Please register at [www.njpsa.org/fea](http://www.njpsa.org/fea) or  
return this form and FULL PAYMENT to FEA:***

Foundation for Educational Administration  
12 Centre Drive, Monroe Township, NJ 08831-1564  
Phone: 609-860-1200 - Fax: 609-860-6677

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (mandatory) \_\_\_\_\_

Home Phone \_\_\_\_\_

## ARE YOU AN NJPSA MEMBER?

ID# \_\_\_\_\_

## FORM OF PAYMENT

CHECK  PURCHASE ORDER

I authorize FEA/NJPSA to charge \$ \_\_\_\_\_ to my

VISA  Mastercard

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

3-Digit ID# on back of credit card \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Cancellation/Refund Policy:** If you are unable to attend a program for which you have registered, call or write to FEA seven days prior to the program to request a refund. No refunds will be granted unless notification is provided within this time frame.

**Note:** If you are registered and do not cancel your registration in advance, you will be responsible for payment of the full amount.

## Please list your team members (include yourself):

1) Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

4) Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_