FLORIDA DEPARTMENT OF EDUCATION

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Just Read, Florida!

CONTACT PERSONS

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DPS: **04-036**

MEMORANDUM

TO: District School Superintendents

FROM: Jim Warford

DATE: October 15, 2003

SUBJECT: **INVITATION TO MIDDLE AND HIGH SCHOOL HIV/AIDS AND PREGNANCY PREVENTION WORKSHOPS: *"PROMOTING PREVENTION TOGETHER"***

The Department of Education's Coordinated School Health Program (CSHP) is sponsoring HIV/AIDS and Pregnancy Prevention professional development for teachers on **November 13, 2003, in Gainesville,** and **November 15, 2003, in Miami, from 8:00 a.m. to 3:30 p.m.** These workshops are being offered in collaboration with school districts, the American Red Cross, and the Florida Department of Health Abstinence Projects. The purpose of the workshops is to provide training in various prevention curriculums, instructional strategies, and classroom activities. Participants will learn about community resources that can supplement their school based programs, and strategies to obtain teaching resources through state agency offices.

We are encouraging district health coordinators, life management skills teachers, health education teachers, school nurses, and staff from the local health departments to participate. School districts will be reimbursed for substitute teachers attending the Gainesville workshop. Teachers attending the Miami workshop will receive a stipend of $100.00. The workshops will be limited to the first one hundred participants registering for each location. Documentation will be provided to participants who wish to apply to their county administration for CEU credit.

The workshop in Gainesville will be held at the Hilton, University of Florida Conference Center, (352) 371-3600, and in Miami, at the Crowne Plaza, Miami International Airport, (305) 446-9000. Participants who need overnight accommodations must make reservations by **November 3, 2003**. The meetings are listed as "Promoting Prevention Together."

Please find enclosed a proposed agenda, registration form, and an invoice for substitutes.

Please fax registrations by Monday, November 3, 2003, to (850) 245-9957 or email to CSHPRegistration @fldoe.org

JW:kob

ENCLOSURES

cc: District Health Education Coordinators
District Health Services Coordinators
District Directors of Student Services
County Health Department School Health Coordinators
Coordinated School Health Program's Pilot Schools
Florida Department of Education HIV/AIDS Education Advisory Council Members

FLORIDA DEPARTMENT OF EDUCATION

2003 HIV/AIDS PREVENTION EDUCATION REGIONAL WORKSHOPS

PROMOTING PREVENTION TOGETHER

GAINESVILLE, NOVEMBER 13 AND MIAMI, NOVEMBER 15

Proposed Agenda

8:00 – 8:30 a.m.	***Sign In***	**CSHP Staff**
8:30 – 9:00 a.m.	***Welcome***	**Ksena Osborne**, HIV/AIDS Coordinator, CSHP
	♦ *Introductions with* Getting to Know You *Activity*	**Faye Johnson,** CSHP Program Director
	♦♦ Meeting Objectives	
9:00 – 9:45 a.m.	**Keynote Speaker**	***Dr. Marilyn Volker***
9:45 - 10:00 a.m.	**Break**	
10:00 – 11:30 a.m.	**Concurrent Sessions**	
	♦ Everybody Training – Middle/High School Prevention Curriculum	**Stephen Hart**
	♦ American Red Cross – HIV/AIDS Curriculum	**Jackie Lavender**-Gainesville Director of Health and Safety **Thomas Spann –** Miami HIV Program Director
	♦ DOH Abstinence Program Providers Project S.O.S., Inc. – Gainesville Miami Dade DOH - Miami	**Pam Malarkey** **Florence Greer**
	♦ Teaching Strategies	**Jane Hicken**-Gainesville **Heather Green**-Miami
11:30 a.m. – 12:30 p.m.	**Lunch on your own**	
12:30 – 1:30 p.m.	**Straight from the Heart** **An HIV/AIDS Awareness Experience**	**Tracey Dannemiller** **Lesley Clementi**
1:30 – 3:00 p.m.	**Concurrent Sessions**	
	♦♦ Everybody Training – Middle/High School Prevention Curriculum	**Stephen Hart**
	♦ American Red Cross – HIV/AIDS Curriculum	**Jackie Lavender**-Gainesville **Thomas Spann** - Miami
	♦♦ DOH Abstinence Program Providers Project S.O.S., Inc. – Gainesville TBA - Miami	**Pam Malarkey** **Florence Greer**
	♦♦ Teaching Strategies	**Jane Hicken**-Gainesville **Heather Green**-Miami
3:00 – 3:30 p.m.	**Wrap Up**	**Ksena Osborne** **Participants**
	♦ Questions – Answers	
	♦ Evaluations	

REGISTRATION FORM
Florida Department of Education
HIV/AIDS Prevention Education Regional Workshops
Promoting Prevention Together
November 13 and November 15, 2003

DIRECTIONS

Please complete the information form below and check the appropriate box(es) to indicate your attendance plans. Return via email by Oct. 24, 2003 to:
CSHPRegistration@fldoe.org
(STEP 1-Complete the form, STEP 2-Click File, then click on Send To, STEP 3-Type in the email address listed above, STEP 4-Click Send)
Or print the form and FAX it to: (850) 245-9957, or mail it to:
Debra Betton, CSHP-FEC 501, 325 W. Gaines St., Tallahassee, FL 32399

District/County:

☐ **Gainesville, Florida**
November 13, 2003
Hilton, University Center
(352) 371-3600

☐ **Miami, Florida**
November 15, 2003
Crowne Plaza, Airport
(305) 446-9000

☐ **HIV/AIDS Coordinator**
☐ **School Health Education Coordinator**
☐ **Other School or District Professional**
☐ **County Health Department Personnel**
☐ ***This is my first year in this job.***

Place a checkmark in each of the sessions you plan to attend:

Morning

☐ **Concurrent Sessions:**
Everybody Training – Middle/High School Prevention Curriculum
10:00 – 11:30 a.m.

☐ **Concurrent Sessions:**
DOH Abstinence Program Providers Project
Project S.O.S., Inc. Gainesville;
Miami Dade DOH - Miami
10:00– 11:30 a.m.

☐ **Concurrent Sessions:**
American Red Cross – HIV/AIDS
10:00 – 11:30 a.m.

☐ **Concurrent Sessions:**
Teaching Strategies
10:00 – 11:30 a.m.

Afternoon

☐ **Concurrent Sessions:**
Everybody Training – Middle/High School Prevention Curriculum
1:30 – 3:00 p.m.

☐ **Concurrent Sessions:**
DOH Abstinence Program Providers Project S.O.S., Inc. – Gainesville; Miami Dade DOH - Miami
1:30 – 3:00 p.m.

☐ **Concurrent Sessions:**
American Red Cross – HIV/AIDS Curriculum
1:30 – 3:00 p.m.

☐ **Concurrent Sessions:**
Teaching Strategies
1:30 – 3:00 p.m.

Participant Name:	
Job Title:	
Address:	
City, State, Zip:	
Telephone #:	**Fax #:**
Email address:	

(Complete this form for each participant)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: KSENA OSBORNE AT (850) 245-0480/SUNCOM 205-0480

INVOICE for SUBSTITUTES
(FAU and PAEC)

Please reimburse _____ school district for the costs of a substitute teacher, as specified below.

Teacher for who substitute was obtained:

Name:
School:
Mailing Address:

Telephone Number:
Social Security Number:

Substitute:
Name
School:
Mailing Address:

Telephone Number:
Social Security Number:

Date(s) and hours substitute worked:

Cost to be reimbursed:

Reason for use of substitute:

School District FEID Number:

Address to which check should be mailed:

_____
Authorized Signature

Please have this completed and fax it to Florida's Coordinated School Health Program at (850) 245-9957.

FOR PROJECT USE ONLY

Substitute Authorized by Project? ____Yes ____No

Project Expenditure Should be charged to: _____