

EMPOWERING VISIONARY CURRICULUM LEADERSHIP COHORT

STRANDS:

FACILITATIION, ORGANIZATION,CURRICULUM, INSTRUCTION, LEADERSHIP

9 DECEMBER 2025
ERIK PALMER



**BLAME THE MESSENGER:
AVOIDING COMMUNICATION
MISTAKES**



24 FEBRUARY 2026
CATHLEEN WEBER

**ESSA, TITLE 1 & IWAS:
UNMASKING STUDENT ACHIEVEMENT
IN TODAY'S CLIMATE**

**ADMINISTRATOR
ACADEMY**

28 JANUARY 2026
DIANE WOLF



**COLLABORATIVE ASSESSMENT DESIGN:
BUILDING BRIDGES AND EXCELLENCE**



21 APRIL 2026
JEN POLLACK

**NEW ADMINISTRATOR ON-BOARDING:
TOOLS TO PREVENT GOING OVERBOARD**

TAKE YOUR LEADERSHIP TO THE NEXT LEVEL!

- EXPLORE LEARNING WITH EDUCATION LEADERES WHO DELIVER VALID RESEARCH-BASED LEARNING APPROACHES
- ESTABLISH AN ON-GOING NETWORK OF LEADING EDUCATORS WHO ARE INVESTED IN THE BEST, MOST EFFICIENT, MOST POWERFUL, MOST ENGAGING LEARNING FOR ALL OF OUR STUDENTS

REGISTRATION INCUDES: CREDITS, PARKING, BREAKFAST, LUNCH

**EACH DAY:
9:00 AM - 3:00 PM**

**5 PD HOURS
PER DAY**

**BREAKFAST &
LUNCH**

Empowering Visionary Curriculum Leadership
 December 2025 - April, 2026
 9:00am-3:00pm Central Time
 District 218 Administrative Center
 10701 S. Kilpatrick Ave, Oak Lawn, IL 60453

Illinois ASCD is an ISBE
 Approved Provider



Illinois ASCD is CPS
 Approved Provider: #24595

Organization/School _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Name/Position: _____

Email: _____

IL ASCD Membership # _____ IEIN # _____

If you need to add more names, please duplicate this registration form.

Single Session	IL ASCD member	1 Person	2 People	3 People	Student/ Retiree
	Each	Each	Each	Each	Each
	___\$299	___\$348*	___ \$338	___\$328	___\$99

Full Cohort	IL ASCD member	1 Person non-member	* Includes 1 year membership Call 618-203-3933 for special group rates
	Each	Each	
	___\$1199	___\$1248*	

What date(s) Will You Attend?

December 9 _____ January 20 _____ February 24 _____ April 21 _____ Full Cohort _____

Conference Fees \$ _____

Promo Code _____

Total Registration Fees \$ _____

The registration deadline is one week before the date. A \$15.00 fee will be charged for cancellations made in writing prior to the deadline. No refunds will be given after the deadline. Confirmation will be sent via e-mail after your registration is processed. Registrations can be transferred to another individual by faxing information to 309-438-5364 or by emailing mdrhoa1@ilstu.edu.

Payment Information:
 (Payment or purchase orders MUST accompany registration form)
 _____ Check made payable to Illinois State University enclosed
 _____ Purchase order ENCLOSED. Purchase order #: _____
 _____ Charge Credit Card: __Master Card __ Visa __ Am/Ex __ Discover
 Account Number _____

Expiration: (Month/Year MM/YY) and 3 Digit CVV code _____

Name on Card _____

How to register:

Online: Use your Visa, MasterCard, Discover, or American Express card at <http://www.illinoisascd.org>.

Mail: Send completed form with check or copy of PO to: **IL ASCD EVCL** Illinois State University, Conference Services, Campus Box 8610, Normal, IL 61790-8610.

Fax: Fax completed form to 309-438-5364 using your Visa, MasterCard, Discover, or American Express or a copy of school P.O.

Email: Email a completed registration form and approved PO to mdrhoa1@ilstu.edu.