41st Annual Illinois Statewide Young Authors’ Conference

May 16, 2015

Conference Guidelines

Co-Sponsored by the Illinois Language and Literacy Council and Illinois Reading Council

Artwork by:
Tammy Kwok    Age 9 ½
Pioneer Elementary School
41st Annual Illinois Statewide Young Authors’ Conference

Illinois State University, Bloomington-Normal

May 16, 2015

Co-sponsored by the
Illinois Language and Literacy Council and Illinois Reading Council

Purpose

The Illinois Young Authors’ conference is a celebration of the written work of children in kindergarten through eighth grade. The purpose of the conference is to support classroom teachers in their efforts to encourage and improve students’ abilities in writing, reading, listening, and sharing, and to recognize the accomplishments of young authors. All children in kindergarten through eighth grade, including those in special programs, are encouraged to participate.

In the spring, young authors selected by their local districts will be invited to attend a one-day statewide conference where their books will be read, discussed, and affixed with the official seal of the Young Authors’ Conference. The Young Authors’ Conference will emphasize language as a vehicle for communication with others. In small groups, children will be encouraged to share ideas with noted children’s authors, educators, and other young authors. Adults who accompany children to the conference will be invited to a session designed to further their insights into children’s writing.

Questions regarding the Young Authors’ Conference may be directed to:

Dr. Sue Anderson
Student Registration
Illinois Language and Literacy Council
537 South Oak Avenue
Westmont, IL 60559
Phone: 630-988-9833
E-mail: anderbrose@aol.com

Dr. Christina Podraza
Volunteer Coordinator
Illinois Language and Literacy Council
948 Indigo Court
Hanover Park, IL 60133
Phone: 630/440-9734
E-mail: cppodraza@naperville203.org
(E-mailing questions is preferred)

You can also receive updates by “liking” us on Facebook at Illinois Young Author’s Conference.
School District Guidelines

1. Each district’s Young Authors’ program should be made available to all students in grades K-8. Children of all ages and ability levels should be encouraged to participate.

2. Selection of conference participants is the responsibility of the local school district. Districts should choose selection criteria that reflect the principles of the authoring cycle, growth and development in the writing process, and representations of the best efforts of students.

3. Each district may select at least one young author regardless of enrollment. More than one young author may be sent per school district provided that the following criterion is met: At least 1 volunteer is sent. 1 volunteer is required for every three students sent to the conference. (i.e. 1-3 students=1 volunteer, 4-6 students = 2 volunteers)

4. If more than one student is selected, as many grade levels and school buildings as possible (primary, intermediate, junior high/middle school) should be represented. It is strongly suggested that, if a young author cannot be selected from each school in a district, schools be represented on a rotating basis so that, over time, all schools are able to send young authors to the conference.

5. The district must notify its eligible participants and inform them of registration procedures for the conference. The informational letter included in this packet should be distributed to all participants. NO STUDENT PACKETS WILL BE MAILED BY ISBE or IRC. PLEASE PRINT THE STUDENT CONGRATULATORY PACKET ON THE ISBE WEBSITE AND SEND IT TO THE STUDENT’S HOME. ([http://www.isbe.net/curriculum/html/young_author.htm](http://www.isbe.net/curriculum/html/young_author.htm)) This will be available after March 15, 2015.

6. Books authored and/or illustrated by more than two children will not be accepted. Coauthored or author/illustrator entries will count as two of the district’s allotment of entries. The coauthors will be given the same room assignment. Districts that send only one participant may submit registrations for both authors of a coauthored manuscript. Please complete the information about coauthored books on the Registration Form found in this packet.

7. Dictated books may be typed or handwritten by an adult, but must be in the student’s own language.

8. Manuscripts must have a substantial cover with pages securely attached. A legibly written manuscript identification card (included in this packet) must be secured inside each manuscript. The young authors are to bring their manuscripts with them to the conference. Please do not mail them.

9. PLEASE NOTE VOLUNTEER REQUIREMENTS. It is mandatory that each participating district or nonpublic school provide at least one volunteer to ensure adequate support for the conference. The requirement is 1 volunteer for every 3 students. If you do not provide at least one volunteer, the student(s) will not be able to attend the conference. CPDU’s will be available to volunteers. Volunteers may be administrators, teachers, teacher’s aides, and/or parents/guardians.
Nonpublic and Home School Guidelines

Nonpublic school children are also eligible to participate. Please make sure that you send one volunteer for every three children sent from a nonpublic school district. (i.e. 1-3 students = 1 volunteer, 4-6 students = 2 volunteers)

REGISTRATION INFORMATION

Registration materials for each participating student must be received by Sue Anderson of the Illinois Language and Literacy Council no later than Friday, April 3, 2015. (Registrations postmarked after this date will be charged $65. Any registration postmarked after May 3, 2015 will be charged $100 and will not be guaranteed a book from their child’s author. On-Site Registration will no longer be available.)

Registration packets must contain the following:

- District Registration Form (typed/printed neatly)
- Student Registration Form (typed/printed neatly)
- Emergency Medical Treatment and Parental Waiver Form (bearing original signature)
- Registration fee of $40 per student (checks made payable to the Illinois Language and Literacy Council).
- Mandatory Volunteer Form (at least one per three students) – send to Christina Podraza

Send completed registration materials to:

Dr. Sue Anderson
Student Registration
Illinois Language and Literacy Council
537 South Oak Avenue
Westmont, IL 60559

YOU MUST SEND THE VOLUNTEER FORM TO:

Dr. Christina Podraza
Young Authors’ Conference Coordinator
948 Indigo Ct.
Hanover Park, IL 60133
Young Authors’ Contact Person Checklist

_____ Select students to participate in the 41st Annual Statewide Illinois Young Authors’ Conference.

_____ Notify the students of their selection to participate in the conference. Please download and duplicate the Student Congratulatory Packet available on-line after March 15, 2015, at www.isbe.net or http://www.illinoisreadingcouncil.org/yac.html and distribute to each participant. Note that there is a letter for kindergarten through sixth grade and a letter for seventh and eighth grade. Please note: no packets will be mailed to students’ homes by ILLC.

_____ Arrange for and collect the registration fee of $40 per student to cover lunch and materials. Most districts pay this fee for students. If the district does not, collect fees from parents. Check(s) must be made payable to the Illinois Language and Literacy Council.

_____ Submit a completed registration packet, including the following, by April 3, 2015:

_____ A. Completed District Registration Form, page 5 (only one per district will be accepted),

_____ B. Completed Student Registration Form for each student selected to attend the Conference, page 6

_____ C. A signed Emergency Medical Treatment and Parental Waiver Form for each student registered, page 7,

_____ D. Registration fee of $40 per student (checks only) made payable to Illinois Language and Literacy Council, and

_____ E. Mandatory Volunteer Form(s) (at least one volunteer per three students). (Packets are sent to volunteers in early May. Please check the accuracy of all volunteer information prior to its submission.)

Send the District Registration Form, Student Registration Form(s), registration fees, and, Medical Treatment and Parental Waiver Form to:

Dr. Sue Anderson
Student Registration
Illinois Language and Literacy Council
537 South Oak Avenue
Westmont, IL 60559

Send the Mandatory Volunteer Form(s) to:

Dr. Christina Podraza
Young Authors’ Conference Coordinator
948 Indigo Ct.
Hanover Park, IL 60133

PLEASE NOTE THE VOLUNTEER REQUIREMENTS: The Statewide Young Authors’ Conference is run entirely by volunteers. It is MANDATORY that each district or nonpublic school provide at least one volunteer per three students to ensure adequate support for the conference (see form on page 8). If you do not provide at least one volunteer per three students, the student(s) will not be able to attend the conference. Volunteers will receive CPDU’s. Volunteers may be administrators, teachers, teacher’s aides, and/or parents/guardians.

Students are to bring their manuscripts to the conference where the books will be discussed, displayed, and affixed with the official seal of the Young Authors’ Conference. Do not mail manuscripts and Manuscript Identification Cards (page 6).

*******************************************************************************

IMPORTANT NOTES:

- THE STUDENT CONGRATULATORY PACKET WILL NOT BE MAILED FOR YOU. IT WILL BE AVAILABLE ON-LINE BY MARCH 15, 2015, FOR YOU TO PRINT AND DISTRIBUTE TO THE STUDENT.

- It is imperative that all completed registration forms be received by April 3, 2015. Space at the conference is limited.

- There are TWO congratulatory letters: one for Kindergarten through Grade 6, and one for Grades 7-8. Make sure you send the correct letter home with your student(s).
School District Name and Number: ________________________________

DISTRICT REGISTRATION FORM
(Submit one per district)

41st Annual Illinois Statewide Young Authors’ Conference
Illinois State University, Bloomington-Normal

May 16, 2015
Registration Due: April 3, 2015

Please type/print neatly.

Enclosed is a check(s) in the amount of $__________ to register (number) ________ young authors from District #_________ in ________________________________, Illinois. (Registration fee of $40 per student.)

I verify that I am sending the following volunteers for every 3 students sent to the conference:

Name: ____________________________  Contact number: ____________________________________
Name: ____________________________  Contact number: ____________________________________
Name: ____________________________  Contact number: ____________________________________
Name: ____________________________  Contact number: ____________________________________

The Student Registration Forms for each young author selected to attend the Statewide Conference accompany this sheet.

District Contact Person _____________________________________  Phone _____________________
Street Address ____________________________________________________________________________
City _________________________________________________________________  Zip ______________
Email Address _____________________________________________________________________________

Name of Superintendent _____________________________________________________________________
Street Address _____________________________________________________________________________
City _________________________________________________________________  Zip ______________

________________________________________________________
Original signature of Superintendent or Designee

The District Registration Form, Student Registration Forms, check(s) for student registration (payable to the Illinois Language and Literacy Council), Emergency Medical Treatment and Parental Waiver Forms must be received by April 3, 2015.

Send completed forms to:

Sue Anderson
Student Registration
Illinois Language and Literacy Council
537 South Oak Avenue
Westmont, IL 60559
Student Registration Form
41st Annual Illinois Statewide Young Authors’ Conference
Illinois State University, Bloomington-Normal
May 16, 2015

Please type/print neatly for each student:

Title of Manuscript ____________________________________________________________

Author’s Name ___________________________________________ Grade __________

Author’s Home Address ______________________________________________________________

City __________________________ Zip Code ______________________

Complete District Name ______________________________________________________________

Complete School Name ______________________________________________________________

Please list below information for the school/district Young Authors’ Conference contact person:

Name ___________________________________________ Phone _______________

School Name __________________________ School Address __________________________

City __________________________ Zip Code ______________________

Phone Number ________________ Fax Number ________________ Email Address ______________________

A fee of $40 payable to the Illinois Language and Literacy Council must be sent with the forms for each student attending the Statewide Conference by April 3, 2015. Please do NOT staple check(s) to this form. Name tags, certificates, and other conference materials will be prepared from this form. Please check to ensure that all information, including spelling of the student’s name, address, and manuscript title, is accurate. By registering for the Young Authors’ Conference, you are giving permission for your child to be photographed for promotional purposes for the conference.

Please indicate any special arrangements that are necessary for this student:

☐ Dietary

☐ Language/Hearing

☐ A hearing impairment

☐ Primary language other than English (please state language):

☐ Medical

☐ Mobility

☐ Other

Type/print neatly, detach here, and affix the bottom portion to the inside cover of each manuscript.

MANUSCRIPT IDENTIFICATION CARD

Author ___________________________________________ Grade __________

Name of coauthor (if applicable) ___________________________________________ Grade __________

Title of Manuscript ____________________________________________________________

School Name ______________________________________________________________

School Address ______________________________________________________________

School District Number __________ City______________________________

Teacher(s) ______________________________________________________________
Emergency Medical Treatment and Parental/Guardian Waiver

This form must be completed and signed by a parent or guardian for each student planning to attend the 41st Annual Illinois Statewide Young Authors’ Conference on May 16, 2015. A completed form for each student registered must be included in the nonpublic school’s or public school district’s packet of registration materials. Please note: Student Registration Forms cannot be accepted without completed waivers.

Please type/print neatly.

Student’s Full Name __________________________________________________ Age _______________

Parent/Guardian Name _________________________________ Relationship to Student ________________

Street Address _____________________________________ City _______________ Zip __________

Parent Cell Phone _________________________ Alternate Phone ________________________________

Emergency Contact (in case you cannot be located):

Name _____________________________________________________ Phone _______________________

The law requires that parental permission be obtained for medical or surgical procedures for unmarried minors under 18 years of age. The following consent form must be signed by parents so that procedures may be promptly carried out and so that no unnecessary delays will occur with treatment. Should emergency care be needed on-site, Illinois State University’s Health Services is available. However, no emergency surgical procedure or operation will be performed in a local hospital without parents being contacted, fully informed and their consent obtained.

The authorization for release of medical information and reassignment of benefits is needed by the University Health Service so that care may be provided to your son or daughter in the University Health Center.

I understand any medical expenses are my financial responsibility. I also authorize the Health Services to release information of such care to my health insurance carrier for the purpose of reimbursement and authorize assignment of insurance benefits to the ISU Health Service for any care provided.

________________________________________________________   ______________________________

Parent or Guardian—original signature required Date

Parental/Guardian Waiver
Illinois State University

I, ________________________________________________, parent/guardian of ________________________________, minor, do hereby release, acquit, and forever discharge, the Board of Regents, Illinois State University, its officers, employees, agents and representatives, the Illinois Language and Literacy Council, and the Illinois State Board of Education, from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of or in any way connected to _________________________________’s participation in the Statewide Young Authors’ Conference at Illinois State University on May 16, 2015.

________________________________________________________   ______________________________

Parent or Guardian—original signature required Date
Mandatory Volunteer Form

We need you to volunteer! PLEASE NOTE CHANGE IN VOLUNTEER REQUIREMENTS: It is MANDATORY that each participating district or nonpublic school provide at least one volunteer per three students (i.e. 1-3 students = 1 volunteer, 4-6 students = 2 volunteers) to ensure adequate support for the conference. If you do not provide at least one volunteer per three students, the student(s) will not be able to attend the conference. Please volunteer to spend Saturday, May 16, 2015, in Bloomington-Normal, Illinois, and help make the 41st Annual Illinois Statewide Young Authors’ Conference the best one yet! CPDU’s are available!

Check all that apply and please type/print neatly:

☐ I am trained to work with students with hearing impairments.

☐ I am able to work with Limited English Proficient students in the following languages: ____________________________________________________________________________________

☐ I am an administrator ☐ I am a teacher ☐ I am a teacher’s aide ☐ I am a parent/guardian

Volunteer job descriptions are on the following page. Please review the descriptions and rank order your preferences for volunteer jobs using 1-3 (1 being the job most wanted). Note: Top choices will be honored where possible; however, if the need arises, volunteers will be asked to fulfill roles other than their top choices.

_____Group Facilitator (additional CPDU’s available for this position)

_____Author/Storyteller Escort _____Flexible Volunteer

Rank order your preference for working with certain grade levels using 1-4 (1 being the grade group with which you’d most like to work):

_____ K-2 _____ 3-4 _____ 5-6 _____ 7-8

Every effort will be made to place parent volunteers in the same grade level/awards assembly as their children. If you desire this, please note your child’s name and grade level below.

____________________________   _____________   ________________________________________

Child’s Name (Last, First) Child’s Grade School District Name and Number

Volunteer’s Name___________________________________________________________________________

Number of years you have volunteered for Young Author’s ___________

Home Address  _____________________________________________________________________________

City  ___________________________________________________________  Zip  _____________________

Cell Phone  __________________________________  Alternate Phone  ______________________________

E-Mail Address ____________________________________ ________________________________________

Please complete this form and return by April 3, 2015, to the following address. No electronic submissions will be accepted:

Dr. Christina Podraza
Young Authors’ Conference Coordinator
948 Indigo Court
Hanover Park, IL 60133
Volunteer Job Descriptions

Volunteers at the Young Authors’ Conference are very valuable. Every job is easy and fun, and we look forward to your participation on May 16, 2015. Below you will find volunteer job descriptions for the Conference:

- **Group Facilitators** meet with groups of children. This is similar to managing a group of children on a field trip. They plan a get-acquainted activity, allow children to read their stories to each other, and escort children to the panel discussion, to lunch, and to visit with an author. (Suggested activities will be available on-line at [www.isbe.net](http://www.isbe.net).) Extra CPDU’s for this position!

- **Author Escorts** are provided with a campus map so that they can escort authors to several different locations during the day and to lunch. An Author Escort is asked to meet with his/her author on Friday evening at the reception.

- **Flexible Volunteers** agree to work where they are most needed the day of the conference. They may be asked to assist a Site Coordinator, to act as a co-facilitator, to assist at lunchtime, or to provide general assistance around campus.

Additional Information

- **Reception**: To show our appreciation to volunteers, a special wine and cheese/book signing with the authors will be held on Friday evening at 7:00. Additional information, as well as the RSVP form for this event, will be included in the mailing that confirms each volunteer assignment. Look for them in early May.

- **CPDU’s**: Three CPDU’s will be available for attendance at the reception on Friday evening. Seven CPDU’s will be available to volunteers on Saturday. Group Facilitators will be awarded two (2) additional CPDU’s for their preparation time.

- **Saturday’s activities commence at 7:30 a.m.** These will include a mandatory training session. The day’s activities generally conclude at approximately 3:00 p.m. Further details of the day’s schedule will be provided.

If you have any questions, please contact:

Dr. Christina Podraza  
948 Indigo Court  
Hanover Park, IL  60133  
Phone: 630/440-9734  
E-mail: [cpodraza@naperville203.org](mailto:cpodraza@naperville203.org)  
(E-mail is the preferred method of communication.)

You can also receive updated information by “liking” us on Facebook at “Illinois Young Author’s Conference.” Because this is our 41st year we would like to honor our volunteers who repeatedly come back to volunteer with us each year. Please make sure you mark on your volunteer form the number of years you have volunteered with us!
Dear Young Author:

Congratulations on your selection to represent your school at the 41st Annual Illinois Statewide Young Authors’ Conference. This letter provides preliminary information regarding the conference for students in kindergarten through grade 6 that have been selected to participate this year.

The conference will be held on the Illinois State University campus in Normal, on Saturday, May 16, 2015. You should plan to arrive no earlier than 8:45 a.m. Student check-in is from 9:00 a.m. to 9:30 a.m., with a mandatory opening address beginning at 9:30 a.m. in Braden Auditorium. During the conference, you will meet with a noted Illinois author of books for young people and receive a signed copy of his or her work. Lunch will be provided for you. Your escort, family, or friends who accompany you will be invited to attend a special session.

Directions to Illinois State University and a hotel map are included with this document or on-line at http://www.isbe.net/grants/html/young_author.htm. Additional information, including the check-in process and the conference schedule, will be given to the student by the district representative by early May. You can also receive updates by “liking” us on our Facebook page, “Illinois Young Author’s Conference.”

It is our hope that the information you gain from your experience at the conference will be shared with other students in your classroom, building or district. We hope upon your return you will be an ambassador of writing.

Please remember to bring your manuscript on May 16, 2015. You will have an opportunity to share your writing with other student representatives. The official conference seal will be given to you to be placed on your original manuscript.

If you have any questions, please ask your local Young Authors’ contact person. Have a safe trip and we look forward to seeing you on Saturday, May 16, 2015.

Sincerely,

Dr. Christina Podraza, Young Authors’ Conference Coordinator
Illinois Language and Literacy Council

Attachments
Dear Young Author:

Congratulations on your selection to represent your school at the 41st Annual Illinois Statewide Young Authors’ Conference. This letter provides preliminary information regarding the conference for students in Grades 7 and 8 that have been selected to participate this year.

The conference will be held on the Illinois State University campus in Normal, on Saturday, May 16, 2015. You should plan to arrive by 8:45 a.m. Student check-in is from 9:00 a.m. to 9:30 a.m., with a special opening session beginning at 9:30 a.m. Both events take place at University High School. During the conference, you will meet with a noted Illinois author of books for young people and receive a signed copy of his or her work. Lunch will be provided for you. Your escort, family, or friends who accompany you will be invited to attend a special session.

Directions to Illinois State University and a hotel map are included with this document or on-line at http://www.isbe.net/grants/html/young_author.htm. Additional information, including the check-in process and the conference schedule, will be given to the student by the district representative by early May. You can also receive updates by “liking” us on our Facebook page, “Illinois Young Author’s Conference.”

It is our hope that the information you gain from your experience at the conference will be shared with other students in your classroom, building or district. We hope upon your return you will be an ambassador of writing.

Please remember to bring your manuscript on May 16, 2015. You will have an opportunity to share your writing with other student representatives. The official conference seal will be given to you to be placed on your original manuscript.

If you have any questions, please ask your local Young Authors’ contact person. Have a safe trip and we look forward to seeing you on Saturday, May 16, 2015.

Sincerely,

Dr. Christina Podraza, Young Authors’ Conference Coordinator
Illinois Language and Literacy Council