

# Pre-Conference Handbook



MINORITY STUDENT ACHIEVEMENT NETWORK

## Welcome to the 17th Annual MSAN Student Conference!

### Purpose of the Annual MSAN Student Conference

During the annual MSAN student conference teams of students from member districts:

- engage in discussions about barriers students of color face in their schools and districts;
- network with students from across the country to craft solutions and strategies to eliminate these barriers;
- share their ideas about how to motivate students to succeed and how their school could be made a more meaningful and interesting place; and
- develop plans of action to implement these strategies for change and report these valuable messages to the academic leaders of their schools and districts.

### Conference Readings, Guiding Questions & Materials

The Chapel Hill-Carrboro City Schools (NC) planning committee has prepared readings and materials for your team to review and reflect on prior to arrival at the conference. These two required readings and one required video are available for download from the conference website. While no formal written response is required, you may find writing down some notes might be helpful as the readings will relate to the work and action planning that will happen at the conference.

While you begin to think about the MSAN experience, in order to delve deeper into the conference theme prior to coming to Chapel Hill, you can engage in conversation about the following questions:

#### ***Every Step Leaves a Trail: Reflective and Essential Questions***

- What are your core beliefs about who you are? What is your truth?
- Define student advocacy. In what ways can student advocacy create opportunities to achieve equity and excellence for all students in your district?
- The goal of MSAN is to improve and enhance the educational quality and academic outcomes of students of color. Given this mission, in what ways can student voice influence student policies, practices and procedures in your school district?

## FOR PARENTS

**Help your child get the most out of the conference experience.**

Thank you for allowing your child to attend the **2016 MSAN Student Conference**. This leadership conference is designed to provide skills and experiences that your child will be able to build upon when he/she returns from the conference. The skills students learn will also be useful as they enter their college and professional careers as young adults.

Please take a few minutes to review the **conference expectations** and **dress code** with your child. Conference planners want to be assured that each participant is aware of conference expectations that have been established to create a safe and rewarding event. **Parents - your help is needed.** Each child needs to know that we have high standards and expectations for their behavior during and after the conference. Parents can assist students and support the success of the conference by following the suggestions below:

### **Before the Conference**

- Complete and return all paperwork to your chaperone before the deadline.
  - Sign and return the **MSAN Student Conference Parental Consent Form** and the **Emergency Information Form** located on the back pages of this packet.
  - Sign and return any district permission/consent form(s) as necessary.
  - Be sure the chaperone knows of any allergies or health conditions that might influence your child's conference participation.
- Review dress code requirements with your child.
- Work closely with your child and your child's chaperone to ensure a successful trip.

### **During the Conference**

- Observe the no cell phone policy. Please do not call or text your child during conference hours. Cell phones may be used during free times noted in the conference program.

### **After the Conference**

- Upon return from the conference, take time to discuss the conference and how your child can use the information she/he received.
- Encourage your daughter/son to send thank you letters or notes to the chaperones who left their families for four days to provide a rich and engaging experience for your child.

### **Conference Location**

Sheraton Chapel Hill Hotel  
1 Europa Drive  
Chapel Hill, NC 27517

Phone: 1-919-969-2144  
Web: [sheratonchapelhill.com/](http://sheratonchapelhill.com/)

### **Emergency Contact**

Your District's Chaperone \_\_\_\_\_ Cell # \_\_\_\_\_

Your District's Chaperone \_\_\_\_\_ Cell # \_\_\_\_\_

## FOR CHAPERONES

Thank you for sharing your time and talents with the young people in your school community. Your dedication and commitment to our nation's greatest resource, our youth, shows your devotion to helping make our world a better place. The role of chaperone is critical to the success of the MSAN Student Conference. This section provides an overview of chaperone expectations that will help create an environment that is educational, inspirational, and fun for all.

### Planning, Preparation, Perfection

- Review the contents of this document with each member of your student team.
- The district planning committee will provide readings, materials, and guiding questions for your team to reflect on prior to arrival at the conference. No formal written response is required; however, students might find notes helpful as they will be discussing the questions throughout the conference.
- Please plan to arrive between 3:30-5:30pm to check in on **Wednesday, Oct. 12, 2016**.

### Know Your Students

- Set the stage before the conference to assure the young adults are aware of the purpose and proposed outcomes for the conference.
- Review the conference expectations with your students.
- Ensure your students adhere to curfews.

**Lead by Example** - Students learn as much by what we do as by what we say.

- Promote an atmosphere of teamwork.
- Encourage and support positive attitudes.
- Arrive at all activities on time.
- Meet new colleagues and establish new contacts.
- Have fun!

### It Takes a Village

- Be responsible for keeping noise levels at respectful levels in public areas and rooms.
- Model flexibility.
- Monitor the hotel halls and public areas during quiet hours (11:00p.m.-7:00a.m.).
- Know where your young people are **at all times**.

### Chaperones Check List

- Be sure you bring to the conference a signed copy of the MSAN Student Conference Parental **Consent Form** and the **Emergency Information Form** for each of your students; be sure the forms are filled out in their entirety.
- Be sure you have a list of any allergies or health conditions that might influence your students' conference participation.
- Please review the information posted to the "**For MSAN Chaperones**" section of the student conference website. Pre-readings, helpful hints, and video will assist you in preparing yourself and your students to be highly engaged and successful during the conference sessions.

## **FOR STUDENTS**

### **Conference Expectations & Responsibilities**

As the saying goes, “you only have one opportunity to make a first impression.” The guidelines for student behavior, dress code, and expectations and responsibilities outlined here will help you to develop your potential as a conference leader. Students just like you helped design the annual MSAN Student Conference. The Chapel Hill-Carrboro City Schools student planning committee took their task seriously and we know that you will also.

#### **Planning, Preparation, Perfection**

- Review the contents of this document with your peers attending the MSAN Conference.
- The planning committee has selected several readings for your team to review and reflect on prior to arrival at the conference. These required readings and video can be downloaded from the conference website. While no formal written response is required, you may find notes helpful as you will be discussing these readings throughout the conference.

#### **Dress Code**

This is a professional development opportunity for all youth. You will want to dress the part. The dress code for the conference ranges from casual to business casual.

##### **DAY 1 (WEDNESDAY) - CASUAL - REPRESENT YOUR DISTRICT!**

- New this year...wear a t-shirt that represents your district.
- All participants should wear clothing that fits properly for movement and activity.
- Shorts or skirts should be mid-thigh or longer. Sheer or see through clothing requires participants to wear appropriate under-layers. Pants or jeans should fit properly; belt loose fitting pants/shorts. Sneakers okay.

##### **DAY 2 (THURSDAY) - BUSINESS CASUAL**

- Casual dress shirts, such as button downs or polos, and dress socks. No t-shirts with advertisements or slogans and no athletic socks.
- Skirts, dresses, capris, dress shorts, and business casual pants (for example, khakis). No jeans or sneakers.
- **Wear comfortable shoes for campus visit – extensive walking is required. Flip flops are NOT recommended. (You may wear comfortable shoes and change into dress shoes upon arrival on campus.)**

##### **DAY 3 (FRIDAY) - CASUAL**

- All participants should wear clothing that fits properly for movement and activity.
- Shorts or skirts should be mid-thigh or longer. Sheer or see through clothing requires participants to wear appropriate under-layers. Pants or jeans should fit properly; belt loose fitting pants/shorts. Sneakers okay.

##### **DAY 4 (SATURDAY) - CASUAL**

- All participants should wear clothing that fits properly for movement and activity.
- Shorts or skirts should be mid-thigh or longer. Sheer or see through clothing requires participants to wear appropriate under-layers. Pants or jeans should fit properly; belt loose fitting pants/shorts. Sneakers okay.

Please remember, attendees are expected to maintain a neat and modest appearance during the conference. You will be asked to change if your dress does not represent the tone of the conference. On Thursday, you will be touring a college campus which will require extensive walking. Make sure to wear appropriate footwear. To request alternate transport for you/your students for the campus visit please contact Connie Showalter at [connie.showalter@wisc.edu](mailto:connie.showalter@wisc.edu) or (608)263-1565.

### **Student Responsibilities**

- Abide by the no cell phone/mobile device rule during workshop sessions, meals, campus tour, and other conference sessions. Breaks where these electronic items can be used will be specifically mentioned. Plan to use devices only during your free time unless otherwise noted.
- There is a strict no alcohol, tobacco, or other drug policy. Possession or consumption of alcoholic beverages or illegal drugs is absolutely forbidden.
- We expect students to appropriately socialize with other student participants. As a courtesy to all guests, students are not allowed to socialize in each other's rooms. There are many public spaces in the hotel where students can spend time together.
- Only conference attendees are permitted in the venue.
- Comply with reasonable requests made by your/all chaperones or other adults affiliated with the conference.
- Obey the conference curfew times. Respect the hospitality of other hotel guests.
- Keep designated hotel areas (e.g. hallways, stairwells) quiet after quiet hours begin.
- This type of leadership experience is a wonderful opportunity and it is **YOUR** responsibility to abide by all expectations, chaperone guidance and remain with the group at all times.

**Students are NOT allowed in the fitness center or swimming pool area without their chaperone.**

### **How to get the most out of your conference experience:**

#### **Be a Leader**

- Express and discuss your ideas, views and opinions.
- Think about how you will use the information you learn in your home district.
- Create a plan of action to implement in your school district.

#### **Demonstrate Dependability**

- Attend all events and activities.
- Be on time.
- Complete tasks and assignments.
- Stay with chaperones at all times.

#### **Represent**

- Yourself, your school district, and your community in a positive manner.
- Wear your MSAN name tag at all times.
- Observe rules and curfews.
- Respect all speakers and facilitators.

#### **Engage**

- Cooperate with others.
- Give, accept, and use feedback effectively.
- Ask questions, network, and share information with peers, adults, and presenters.
- Stay involved and engaged.

#### **Lead by Example**

- Display mature and appropriate behavior.
- Show respect for other people, youth and adults.
- Be positive – it's contagious!
- Be Flexible. Ask Questions. Listen. Reflect.

**PARENTAL CONSENT FORM** (revised 6/16/2016)

Your child has been selected to represent \_\_\_\_\_ (name of district) at the annual Minority Student Achievement Network (MSAN) Student Conference to be held October 12-15, 2016 in Chapel Hill, NC. By signing this consent form you acknowledge that you have read the conference preparation material and grant permission for your child to attend. Included in the conference agenda is a campus tour.

Student's Name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Emergency Contact (phone number): \_\_\_\_\_

From time to time, reporters, photographers and videographers cover this very prestigious conference by taking photographs, videotaping, and/or interviewing students for educational documentaries or editorial uses. Please place an "X" below to indicate whether or not MSAN may use photos/videos/interviews in which your child appears.

\_\_\_ Yes, I give my permission for photos/videos/interviews of my child to be used.

\_\_\_ No, I do not give my permission for photos/videos/interviews of my child to be used.

**Please return this form to the district chaperone. Thank You.**

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**FORMULARIO DE PERMISO PARA LOS PADRES/TUTORES**

Su hijo(a) ha sido seleccionado(a) para representar al distrito escolar \_\_\_\_\_ en la conferencia anual de la Red de Logros para Estudiantes Minoritarios (*MSAN por sus siglas en inglés*), que se llevará a cabo del 12 al 15 de octubre de 2016 en Chapel Hill, NC. Al firmar éste formulario de permiso, usted reconoce que ha leído el material de preparación para la conferencia y autoriza que su hijo(a) asista. El programa de la conferencia incluye una visita a colegio o universidad.

Nombre del estudiante: \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_

Contacto de emergencia (número de teléfono): \_\_\_\_\_

A menudo, reporteros, fotógrafos y camarógrafos hacen la cobertura de ésta prestigiosa conferencia tomando fotos y/o entrevistando a los estudiantes para hacer un documental educativo o de uso editorial. Por favor marque abajo con una "X" indicando si usted autoriza o no que MSAN utilice fotos, videos y entrevistas, en las cuales aparezca su hijo(a)

\_\_\_ Sí, permito que se usen fotos/videos/entrevistas de mi hijo(a)

\_\_\_ No permito que se usen fotos/videos/entrevistas de mi hijo(a)

**Por favor complete este formulario y devuélvalo al acompañante del distrito. Gracias.**

**Medical/Emergency Information**

Please complete the following in order to assist your child with any health problems and/or emergency.

1. Is your child presently under the care of a physician for any particular reason?

Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

2. Is there any medical limitations or conditions that would affect your child on this trip?

Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

3. Is there any medication, including over-the-counter medication, which your child needs to take while on this trip?

Yes\_\_\_ No\_\_\_ If yes, please explain what medication and for what reason:

\_\_\_\_\_

4. Does your child have any known allergies?

Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

5. Date of last tetanus booster: \_\_\_\_\_

**Emergency Contact Information**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If unable to reach parent/guardian in case of emergency, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an accident or serious illness, I understand that the school will contact me. If the school is unable to reach me, the chaperone in charge has my permission to obtain the services of a physician and/or hospital until I can be reached.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Información Médica**

Por favor complete la siguiente información para poder ayudar a su hijo(a) con cualquier problema de salud y/o emergencia.

1. ¿Su hijo se encuentra actualmente bajo el cuidado de un médico por alguna razón en particular?

Sí\_\_\_ No\_\_\_ Si su respuesta es afirmativa por favor explique:

\_\_\_\_\_

2. ¿Hay alguna limitación médica o condición que podría afectar a su hijo en este paseo?

Sí\_\_\_ No\_\_\_ Si su respuesta es afirmativa por favor explique:

\_\_\_\_\_

3. ¿Hay algún medicamento, incluyendo aquellos que se venden sin receta médica que su hijo(a) necesite tomar mientras se encuentre en este paseo?

Sí\_\_\_ No\_\_\_ Si su respuesta es afirmativa por favor explique:

\_\_\_\_\_

4. ¿Su hijo(a) tiene alguna alergia de la que se tenga conocimiento?

Sí\_\_\_ No\_\_\_ Si su respuesta es afirmativa por favor explique:

\_\_\_\_\_

5. Fecha de la última vacuna del tétanos: \_\_\_\_\_

### **Información del Contacto de Emergencia**

Nombre del estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono de casa: \_\_\_\_\_

Padre/Tutor: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_ Numero de celular: \_\_\_\_\_

Padre/Tutor: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_ Numero de celular: \_\_\_\_\_

**En caso de que no sea posible contactar al padre/tutor en caso de emergencia, por favor contacte a:**

Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Médico Familiar: \_\_\_\_\_ Teléfono: \_\_\_\_\_

En caso de un accidente o enfermedad seria, entiendo que la escuela me contactará. Si la escuela no pudiera contactarme, el acompañante a cargo tiene mi permiso para recibir los servicios de un médico y/o hospital hasta que puedan contactarme.

Compañía de Seguro: \_\_\_\_\_ Numero de Póliza: \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_