

# 2017 Pre-Conference Handbook



## Welcome to the 18th Annual MSAN Student Conference!

October 18-21 2017

DoubleTree by Hilton Hotel Cleveland East-Beachwood  
Beechwood, Ohio

### **Purpose of the Annual MSAN Student Conference**

During the annual MSAN student conference, teams of student delegates from member districts will become a community of student leaders--our *MSAN Scholars*--to:

- engage in discussions about barriers students of color face in their schools and districts;
- network with students from across the country to craft solutions;
- share their ideas about how to motivate students and staff to meet their potential;
- develop plans of action to implement their ideas.

### **Conference Readings, Guiding Questions & Materials**

Our hosts at Cleveland Heights-University Heights School District (OH) are in the process of preparing readings and materials for your MSAN Student Conference team to review prior to the conference. These required readings and materials will be available for download at <http://msan.wceruw.org/conferences/studentConf.html> in the next few months. While no written response is required, you may want to take notes on these materials as a way of preparing for the conference.



## MSAN STUDENT CONFERENCE INFORMATION FOR FAMILIES

We are so excited that your child will be a delegate to the 2017 MSAN Student Conference. This leadership conference is designed to provide skills and experiences that delegates to the conference--our *MSAN Scholars*--will be able to build upon when they return from the conference.

Each year, we share conference expectations and dress code suggestions with delegates and their families. We ask that you please go over all of the information in this packet with your child.

### Before the Conference

- Sign and return the two forms at the end of this packet: the MSAN Student Conference Consent Form and the Emergency Information Form.
- Sign and return any district permission/consent form(s) that you received from your school.
- Be sure your child's conference chaperone knows of any allergies or health conditions that might influence your child's conference participation.
- Review dress code guidelines with your child.
- Work closely with your child and your district's chaperone to ensure a successful trip.

### During the Conference

- Please call or text your child **only during times noted in the conference program**. This will help in our effort to model appropriate use of technology during the conference.

### After the Conference

- Take time to discuss the conference experience with your child. Email MSAN staff at [msan@wcer.wisc.edu](mailto:msan@wcer.wisc.edu) with feedback.
- Ask to see a copy of the action plan that your child and other delegates will create for your school district at the conference. Advocate for the implementation of the plan in your school district. For a copy of the plan, contact MSAN at [msan@wcer.wisc.edu](mailto:msan@wcer.wisc.edu).

### Conference Location

- DoubleTree by Hilton Hotel Cleveland East Beachwood  
3663 Park East Drive, Beachwood, Ohio 44122  
Web: <http://bit.do/doubletree-beechwood>  
Phone: 216-464-5950

### Emergency Contact Information

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

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

## MSAN STUDENT CONFERENCE INFORMATION FOR CHAPERONES

Thank you for being a chaperone for the MSAN Student conference. The role of chaperone is critical to the success of this event!

### Planning & Preparation

- Set the stage before the event. Introduce the term *MSAN Scholars*, and the idea that the student delegates from your conference are joining a community of MSAN Scholars from around the country. Share the purpose and proposed outcomes for the conference.
- Review the contents of this document with all of the students who will be attending the conference as delegates from your district.
- The host district will provide required readings, materials, and guiding questions for your team to reflect on prior to arrival at the conference (these will be provided later in the summer).
- Please plan to arrive between 3:30-5:30pm on **Wednesday, Oct. 18, 2017** to check in.
- Chaperones are responsible for making sure that students adhere to all curfews at the conference site.

### Lead by Example at the Conference

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

### At Your Hotel - 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 MSAN Scholars are **at all times**.

### Chaperone Checklist

- 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.
- Bring a list of any allergies or health conditions that might influence your students' conference participation.
- Review the information posted to the "For MSAN Chaperones" section of the student conference website at <http://msan.wceruw.org/conferences/studentConf.html>. Pre-readings and helpful hints will assist you in preparing yourself and your students to get the most out of the MSAN Student Conference.

## MSAN STUDENT CONFERENCE INFORMATION FOR STUDENTS

Congratulations on being selected as a delegate from your school district for the 2017 MSAN Student Conference! You are joining a community of *MSAN Scholars* from around the country who are working for educational equity in their school districts.

Each year, students just like you help design the MSAN Student Conference. Support their leadership by reviewing the guidelines for behavior, dress code suggestions, and other conference details, below.

### Planning, Preparation, Perfection

- Read this document with your chaperones, your family, and the other student delegates from your school district.
- The planning committee has selected several readings for your team to review and reflect on prior to arrival at the conference. These required readings can be downloaded from <http://msan.wceruw.org/conferences/studentConf.html>.

### Dress Code Guidelines

We have found that dress code guidelines can help to set the tone for different activities at the conference. The dress code guidelines for the conference range from Casual to Business Casual:

#### DAY 1 (WEDNESDAY) - CASUAL ATTIRE FOR ARRIVAL AND INTRODUCTIONS

- All participants should wear clothing that will allow for comfortable movement.
- 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 comfortably; belt loose fitting pants/shorts. Gym shoes okay.

#### DAY 2 (THURSDAY) - BUSINESS CASUAL ATTIRE FOR COLLEGE CAMPUS VISITS

- Casual dress shirts, such as button downs or polos. No t-shirts with advertisements or slogans that wouldn't be OK in school.
- Skirts, dresses, capris, dress shorts, business casual pants (for example, khakis). Jeans not recommended.
- **Wear comfortable shoes for campus visit – extensive walking is required. Flip flops are NOT recommended.**

#### DAY 3 (FRIDAY) - CASUAL ATTIRE FOR DAYTIME ACTION PLANNING AND EVENING GROUP TIME

- All participants should wear clothing that will allow for comfortable movement.
- 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 comfortably; belt loose fitting pants/shorts. Gym shoes okay.

#### DAY 4 (SATURDAY) - CASUAL ATTIRE FOR CONCLUDING ACTIVITIES

- 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...on Thursday we will be touring a college campus, which will require extensive walking. **Make sure to wear appropriate footwear** (flip flops are not recommended). To request alternate transportation for the campus visit, please contact [msan@wcer.wisc.edu](mailto:msan@wcer.wisc.edu) or (608)263-1565.

## **MSAN Student Conference Delegate Agreements**

- MSAN Student Conference delegates agree to use technology appropriately during the conference. DO post appropriate conference updates on social media, and tag @MSAN\_Achieve. DON'T use your phone or device in a way that takes away from your experience, the experience of other delegates, or the experience of our guest speakers.
  
- MSAN Student Conference delegates agree to a *strict* no alcohol, tobacco, or other drug policy at all MSAN events.
  
- MSAN Student Conference delegates agree to socialize only in public spaces. Conference delegates are NEVER allowed to socialize in each other's rooms. Outside guests are not permitted at the conference. Family members who attend the conference need to register with MSAN as official conference volunteers.
  
- MSAN Student Conference delegates agree to cooperate with all reasonable requests made by adults affiliated with the conference.
  
- MSAN Student Conference delegates agree to follow all curfew rules..
  
- MSAN Student Conference delegates agree to keep shared spaces (e.g. hallways, stairwells) quiet, and remain with the group at all times.

## **MSAN Student Conference Delegates Are...**

### **MSAN Student Conference Delegates are LEADERS**

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

### **MSAN Student Conference Delegates are DEPENDABLE**

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

### **MSAN Student Conference Delegates are REPRESENTATIVES OF THEIR SCHOOLS, FAMILIES, AND COMMUNITIES**

- Represent with pride!
- Wear MSAN name tag at all times.
- Observe rules and curfews.

### **MSAN Student Conference Delegates are COMMUNITY BUILDERS**

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

### **MSAN Student Conference Delegates are FULL PARTICIPANTS**

- Be positive – it's contagious!
- Be Flexible.
- Ask Questions. Listen. Reflect.

**MSAN STUDENT CONFERENCE CONSENT FORM (revised 5/25/2017)**

Your child has been selected to represent \_\_\_\_\_  
(name of district) at the annual Minority Student Achievement Network (MSAN) Student Conference to be held October 18-21, 2017 in Cleveland, Ohio. 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 18 al 21 de octubre de 2017 en Cleveland, Ohio. 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.**

### MSAN Student Conference Medical/Emergency Information Form

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:

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

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

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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:

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4. Does your child have any known allergies?

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

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5. Date of last tetanus booster:

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**MSAN Student Conference**  
**Emergency Contact Information**

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

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Home 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 la conferencia anual de la Red de Logros para Estudiantes Minoritarios**  
**(MSAN por sus siglas en inglés)**

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:

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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:

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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:

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

Sí\_\_\_\_ No\_\_\_\_

Si su respuesta es afirmativa por favor explique:

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5. Fecha de la última vacuna del tétanos:

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**Información del Contacto de Emergencia**  
**por la conferencia anual de la Red de Logros para Estudiantes Minoritarios**  
**(MSAN por sus siglas en inglés)**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

Teléfono de casa: \_\_\_\_\_ 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:

\_\_\_\_\_