



*of Nassau, Eastern and Western Suffolk BOCES  
in collaboration with  
The New York State Education Department  
Office of Bilingual Education and  
Foreign Language Studies,  
Office of Standards, Assessment and Reporting,  
The New York State Association for Bilingual Education,  
and  
The New York State Teachers of English to Speakers of  
Other Languages  
cordially invite all educators of  
Limited English Proficient (LEP) students to attend:*

**Suffolk BETAC at Eastern  
Suffolk BOCES**  
350 Martha Avenue  
Bellport, NY 11713

**The Long Island  
Teachers' Institute**  
Tuesday,  
March 31, 2009

***SUPPORTING  
LEP/ELLs:  
INCREASING  
ACADEMIC  
ACHIEVEMENT***

Melville Marriott  
Melville, NY



**2009**  
**Long Island Teachers' Institute**  
**Tuesday March 31, 2009**  
**TENTATIVE AGENDA**

**8:15 a.m. REGISTRATION/BREAKFAST**

**9:00 a.m. PRESENTATIONS**

**Dr. Pedro J. Ruiz**

Coordinator, Office of Bilingual Education and Foreign Language Studies  
 New York State Education Department

**Dr. Pedro Noguera**

Professor  
 Steinhardt School of Culture, Education and Human Development  
 New York University

**12:00 - 1:30 p.m. EXHIBITS/LUNCHEON**

**1:30 - 3:00 p.m.**

~ **CONCURRENT WORKSHOPS** ~

**Workshop I**

**Introduction and Overview of SIOP Process**

Dr. Andrea Honigsfeld, Molloy College

**Workshop II**

**Literacy Development in Spanish**

Dr. Irene Pompetti-Szul, NYS Spanish BETAC

**Workshop III**

**Practical Applications in Math and Technology for LEP/ELLs**

Ms. Vania Duarte & Ms. Tammy Link, Math Dept.  
 Westbury UFSD

**Workshop IV**

**Co-Teaching Models in the Instruction of LEP/ELLs**

Mr. Eudes Budhai, Director of ESL, Bilingual, Dual Language & Adult Ed.  
 Maria A. Meyer, Bilingual Resource Specialist  
 Westbury UFSD

*(Workshop choices are on a first-come first-served basis.)*

**INSTITUTE FEE:**  
**\$50.00**  
*Fee includes breakfast, luncheon,  
 and handouts*

**Space is limited – please register early!**  
**Checks or purchase orders received after the deadline of March 20, 2009 will not be accepted.**

**NOTE:** *Confirmation of your registration will be sent via e-mail. Please make sure to include your e-mail address on the attached registration form.*



**For further information please contact:**

- **Eastern Suffolk BOCES BETAC (631) 286-6552**
- **Nassau BOCES BETAC (516) 396-2090**

**Directions to the Melville Marriott:**



**From Long Island Expressway:**

Take the Long Island Expressway (495) to Exit 49 North (Route 110 Huntington). Stay on the service road. At third light make a right. Hotel will be on the right.

**From Northern State Parkway:**

Take the Northern State Parkway to Exit 40 South (Route 110 South). Take Route 110 South approximately 1.5 Miles. Turn right onto LIE North Service Road. At second light make a right. Hotel will be on the right.

**From the Southern State Parkway:**

Take the Southern State Parkway to Exit 32 North (Route 110 Huntington). Take Route 110 North approximately 2.5 miles. Turn left onto LIE North Service Road. At second light make a right. Hotel will be on the right.

**2009**  
**Long Island Teachers' Institute**  
**Tuesday March 31, 2009**  
**REGISTRATION FORM**

**IMPORTANT**

ALL checks, purchase orders or money orders in the amount of \$50.00 **must be** made payable to:  
**Eastern Suffolk BOCES BETAC**

**Mail this registration form and payment so that it is received, no later than Friday March 20, 2009 to:**

Judith Morales  
 Eastern Suffolk BOCES BETAC  
 350 Martha Avenue  
 Bellport, NY 11713

- |   |   |
|---|---|
| <input type="checkbox"/> Check # _____                              | <input type="checkbox"/> Personal                 |
|   | <input type="checkbox"/> Institution/Organization |
|   | <input type="checkbox"/> Money Order              |
| <input type="checkbox"/> Purchase order # _____ (no faxes accepted) |   |

All purchase orders must include name, complete address and phone number of contact person.

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

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

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Position: [ ] ESL [ ] Bilingual [ ] Other: \_\_\_\_\_

Title: \_\_\_\_\_

**P.M. Workshop Choice: (Please circle one for each)**

**First Choice:**      I    II    III    IV

**Second Choice:**    I    II    III    IV

*(Workshop choices are on a first-come first-served basis.)*