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NJPSAFE



NEW JERSEY
SCHOOL
COUNSELOR
ASSOCIATION

RAMP UP

Your School Counseling Program

March 9, 2018; 9 am - 3 pm
at Foundation for Educational
Administration Conference Center
12 Centre Drive, Monroe, NJ 08831



**Presenter: Timothy Conway, Director of School Counseling/
Curriculum Coordinator, Lakeland Regional High School, Wanaque**

Have you wondered if your school counseling program is meeting the needs of its students? Is your school counseling program already at a high level and you want to achieve to a higher standard? Both questions can be answered by striving for the Recognized ASCA Model Program (RAMP) award. RAMP is a national award, which signifies that your school counseling program is achieving at the highest level to provide academic, college/career, and social/emotional development for students. Attendees will learn the knowledge and skills to assess, analyze, and present data to your administration that answers the question of whether school counselors and your school counseling program are making a difference. Attendees will also walk away with recommendations and pitfalls on how to achieve RAMP from the director of a two-time NJ RAMP school.

This session would be an ideal in-district program to bring to your district.

Please Bring Your Charged Device to This Workshop!

Registration Form

RAMP UP Your School Counseling Program

March 9, 2018; 9 am - 3 pm at FEA

Fee: \$149 (Payable to FEA. PO to be issued to FEA at 12 Centre Drive, Monroe Township, NJ 08831)

Please register at www.njpsa.org/feacalendar or return this form and FULL PAYMENT to FEA:

Foundation for Educational Administration

12 Centre Drive, Monroe, NJ 08831-1564

Phone: (609) 860-1200 - Fax: (609) 860-6677

Name _____ Position _____

School _____ District _____ County _____

School Address _____
Street City State Zip

School Phone _____ School Fax _____

Home Address _____
Street City State Zip

E-mail (mandatory) _____ Home Phone _____

ARE YOU AN NJPSA MEMBER?

ID# _____

FORM OF PAYMENT

☐ CHECK ☐ PURCHASE ORDER

☐ I authorize FEA/NJPSA to charge \$ _____ to my ☐ VISA ☐ Mastercard

Account # _____

Expiration Date _____ 3-Digit ID# on back of credit card _____

Billing Address _____
Street City State Zip

Cardholder Name (print) _____

Signature _____

Cancellation/Refund Policy: If you are unable to attend a program for which you have registered, call or write to FEA seven days prior to the program to request a refund. No refunds will be granted unless notification is provided within this time frame.

Note: If you are registered and do not cancel your registration in advance, you will be responsible for payment of the full amount.