

NATIONAL HEAD START INSTITUTE ON FATHER INVOLVEMENT

June 14-18, 2004

Dallas, Texas

ABSTRACT COVER PAGE

This form must be used for all abstract submissions. It may be photocopied. **Abstracts must be postmarked NO LATER THAN January 28, 2004.** Incomplete submissions will not be considered. Mail ORIGINAL and FOUR COPIES of your abstract to:

National Head Start Training Institute on Father Involvement
c/o Pal-Tech, Inc.
1000 Wilson Boulevard, Suite 1000
Arlington, VA 22209
ATTN: Traci Hefner

Notification of whether your abstract has been selected will be sent no later than March 19, 2004.

Title of Presentation: (Please limit the title to fifteen (15) words or less.)

Primary Presenter*: _____

* Only the Primary Presenter will be notified directly by Institute organizers regarding the status of the submission. Please list additional co-presenters on a separate page using the format found below. Sessions are limited to a total of three (3) presenters, including the Primary Presenter.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ E-mail: _____

Large-Group Presentation Experience (*please be specific*) _____

AUDIOVISUAL NEEDS

Please indicate below the audiovisual equipment that is required for your presentation:

- | | |
|--|--|
| <input type="checkbox"/> VCR/Monitor | <input type="checkbox"/> Overhead Projector/Screen |
| <input type="checkbox"/> Slide Projector | <input type="checkbox"/> LCD Projector |

Co-Presenter: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ E-mail: _____

Large-Group Presentation Experience (*please be specific*) _____

LEARNING CLUSTERS: Please mark the Workshop Cluster which best characterizes your abstract.

- Father Involvement in Head Start
- Strengthening Your Foundation to Work with Fathers
- Planning for the Continued Success of Your Fatherhood Program

CONTENT LEVEL:

- Beginner (Participants will have little or no basic information about the topic.)
- Intermediate (Participants will have some knowledge and information about the topic.)
- Advanced (Participants work in the topic area and/or have extensive knowledge about the topic.)

TARGET AUDIENCE: Please indicate who would gain the most from your presentation.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Program
Director | <input type="checkbox"/> Policy
Council
Member | <input type="checkbox"/> Parent Leader | <input type="checkbox"/> Male
Involvement/Parent
Involvement
Specialist |
|--|--|--|--|

ADDITIONAL INFORMATION

- I would like to receive information about being an Exhibitor at the Institute.
- I would like to submit materials for the Resource Table.

ENCLOSURE CHECKLIST: (For Office Use Only)

Cluster _____ **Target Audience** _____ **Content Level** _____

- Cover Page
- Original Abstract
- Four Copies of Abstract
- Presenter Bios (Total number of Presenters _____)