



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

H. Martin Lancaster, President

January 18, 2008

MEMORANDUM

TO: Basic Skills Directors/Coordinators
English as a Second Language Coordinators
Volunteer/Community-Based Organization Directors

FROM: Katie Waters
Basic Skills Training Specialist

SUBJECT: CASAS State-wide Training

Comprehensive Adult Student Assessment System (CASAS) training will be offered on February 20-21, 2008, in the auditorium of Guy E. Barnes Building on the campus of Edgecombe Community College in Rocky Mount, North Carolina. Training is being conducted by nationally and state certified CASAS trainers who not only offer the necessary training, but also provide ongoing technical assistance and other support services in NC.

The first day of CASAS training will be the "Implementation Training" with the *Life and Work* (formerly Life Skills) series. The ***Life and Work is the pre-requisite*** for all other offerings. *Life and Work* will be offered the first day from 9:00 a.m. – 4:00 p.m. On the second day, the specialized assessment training offered is:

- 1) Developmental Disability (DD) training for those who work with Compensatory Education (9:00 a.m. – 12:00 p.m.) and
- 2) English as a Second Language (ESL) training for those who work with ESL (1:15 p.m. – 4:15 p.m.).

Check the webpage http://www.ncccs.cc.nc.us/Basic_Skills/trainingCalendar.htm for additional upcoming training. For further information, please contact Katie Waters by email at: watersk@nccommunitycolleges.edu .

Please complete the attached CASAS registration form and fax or email it back at least five (5) working days before the training.

c: Senior Continuing Education Administrators
CASAS Trainers

CC08 -015
Paper and e-mail copies

Please return form to:

Katie Golinowski
North Carolina Community College System
5016 Mail Service Center
Raleigh, NC 27699-5016
Phone: (919) 807-7142
Fax: (919) 807-7164
Email: golinowskik@ncccommunitycolleges.edu

Sensitive Material
Sensitive Material
Handle with Care
Handle with Care

Amount of Registration: N/A.

College/Agency Name: _____

Contact Person: _____ **phone #** _____

Email Address: _____

DATES of Training: February 20-21, 2008 (Implementation Training, ESL and DD)

Names of People Attending:

Name of first participant from your program: _____
Mailing address: _____
E-mail address: _____
Phone number: _____
Role (teacher, administrator): _____
Participant will be attending: Life and Work _____ ESL _____ DD _____

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