**CT State Career Development Event**

**Planning Form for CDEs at UConn**

**Form to be sent to** **vickie.reiser@uconn.edu** **or address below no less than four weeks prior to contest. Changes need to be communicated within two weeks of contest date.**

Vickie Reiser

Office of Academic Programs

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Storrs, CT 06269

Phone: (860) 486-2919; Fax: (860) 486-4643

Name of Event:

Event Month/Year:

Location of Event:

Superintendent:

Contact Information

Assistant Superintendent(s):

Contact Information:

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| **Space Required for CDE**UConn will use this information to identify available rooms. If you would like more detail about classrooms, visit <http://classrooms.uconn.edu/names/> or discuss rooms and facilities with UConn contacts for this CDE. |
| **Space** | **# of *people* to accommodate** | **# chairs** | **# tables** | **Description of component occurring in this space (e.g. oral reasons, cattle judging, interviews, general knowledge test** |
| Ex: classroom | 24 (six teams) | 24 | none | Students will use clipboards to take general knowledge test |
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| **Additional Equipment and Set-up****Please Be Specific** |
| \_\_\_\_\_ Sink - for cleanup |
| \_\_\_\_\_ Additional electricity |
| \_\_\_\_\_ Additional chairs (outside of space requested above) # \_\_\_\_\_ |
| \_\_\_\_\_ Additional tables (outside of space requested above) # \_\_\_\_\_ Location: \_\_\_\_\_ |
| \_\_\_\_\_ LCD Projector & Screen |
| \_\_\_\_\_ Other: |