



ARIZONA DEPARTMENT OF  
**EDUCATION**

**HSCO**



Head Start  
Collaboration Office

# Head Start Collaboration Office Update

May 2025

- Early Childhood Track
- Bridging connection with K-12



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# 2025 TEACHERS INSTITUTE AND LEADING CHANGE

**IGNITE • ENGAGE • ACHIEVE**  
*Setting the Standards from Birth to Career*

**●●● FEATURED SPEAKERS**

**JUNE 3RD - 5TH**

RENAISSANCE PHOENIX  
GLENDALE HOTEL & SPA

9495 W ENTERTAINMENT BLVD,  
GLENDALE, AZ 85305

**REGISTRATION: \$400**

- New price reduction for 2025!
- Cost includes meals each day.

**HOTEL ROOMS: \$113**

- Special group rate, per night

**HOTEL**  
[Booking Link](#)

**EMAIL**  
[leadingchange@azed.gov](mailto:leadingchange@azed.gov)

**REGISTRATION**  
[Participant Registration Link](#)

**PRESENT AT TILC**  
[Submit Your Proposal Today!](#)




**TOM GUSKEY**  
**Creative Director & Co-Founder**  
Thomas R. Guskey, PhD, is Professor Emeritus in the College of Education at the University of Kentucky. A graduate of the University of Chicago's renowned Measurement, Evaluation, and Statistical Analysis (MESA) program, he began his career in education as a middle school teacher, served as an administrator in the Chicago Public Schools, and was the first Director of the Center for the Improvement of Teaching and Learning, a national educational research center.



**ALISON SMITH**  
**Author & Executive Leadership Coach**  
Alison Smith is an accomplished author and a sought-after executive and leadership coach with a mission to help educators and leaders conquer burnout and build unshakable resilience. A former teacher in inner-city Phoenix, Alison understands the complex challenge of balancing personal well-being with the demands of supporting students—and she's passionate about helping educators and leaders navigate that balance more effectively.

# ECE Professional Learning

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## Professional Learning Request Early Childhood

Professional Learning requests must be made at least 4 weeks prior to the intended date. Professional Learning is not guaranteed on the date requested due to specialist availability.

### Requester Information

Name	School / District
<input type="text"/>	<input type="text"/>
Phone Number	Email
<input type="text"/>	<input type="text"/>

### Professional Learning Information

Date Requested	Number of Participants
<input type="text"/>	<input type="text"/>
Location	Time Requested
<input type="text"/>	<input type="text"/>

Title of Professional Development Requesting

Describe Professional Development Needed

Signature	Date
<input type="text"/>	<input type="text"/>

Please email completed form to [ECEinbox@azed.gov](mailto:ECEinbox@azed.gov)



# Thank you!

Contact Us: [EceInbox@azed.gov](mailto:EceInbox@azed.gov)

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