

Application Deadline: October 10, 2023



Focus on Pronunciation: Level 1

CSEA Metropolitan Region 2

Requirement: Full day in-person commitment for each class with your supervisor's approval.

This course is free and open to CSEA-represented NYS employees. Other CSEA-represented employees may enroll as space permits. Pronunciation can be difficult, even for native American English speakers. This course will help you expand your pronunciation and verbal communication skills, regardless of your first language. You'll practice speaking clearly and accurately in everyday situations, as well as develop a plan to continue working toward your pronunciation goals.

By the end of the class, you will be able to:

- Identify parts of the mouth and how to use them to make sounds
- Recognize consonant and vowel sounds
- Listen for differences when pronouncing words
- Recognize American English conversational rhythm and tone
- Develop a plan to address your personal pronunciation goals

Course Details

CSEA Metropolitan Region Office - New York

Wednesdays | 9 a.m.-4:30 p.m.

November 1, 8, 15, 22, 29; December 6, 2023

SLMS Class Code: P_OE_R2_5659

Enroll through the Statewide Learning Management System (SLMS) or use our application form.





SKILLS FOR SUCCESS APPLICATION FORM

APPLICANT INFORMATION Please print or type. Name Signature New York State Government Employees, please provide your employee identification number (NYS EMPLID is 9 characters long, begins with "N," and can be found on your paystub, located to the left of "Pay Rate"). NYS Employee Identification Number or ID number: N Local Government, School Districts, State Authorities, or Private Sector CSEA-represented Employees, please provide your CSEA ID (the CSEA ID is 10 characters long and can be found on your CSEA membership ID card). **Negotiating Unit Current Job Title** Grade New York State Government Employees (circle one): **02** = Administrative Services Unit (ASU) **03** = Operational Services Unit (OSU) Name of Agency or Organization **04** = Institutional Services Unit (ISU) **05** = Professional, Scientific & Technical (PS&T)* 06 = Management/Confidential (M/C)* **Facility** 47 = Division of Military & Naval Affairs (DMNA) Other __ **Day Phone** * As space permits. **Email Address (Must provide at least one)** Non-state CSEA-represented Employee - If Local Government, Home: School District, State Authority, or Private Sector CSEA-represented employee, check here Work: Reasonable Accommodation: All participants are welcome. If you have a disability and need an accommodation, check here . A Partnership staff member will contact you for further information. **COURSE INFORMATION Course Title Date SLMS Class Code** 1. 2. 3. 4. SUPERVISOR APPROVAL By signing this application I grant this employee release time, without charge to leave credits, to attend the course(s). Supervisor Name (Print or Type) Supervisor Signature Supervisor Email Supervisor Phone Number Date

Email to: <u>learning@nyscseapartnership.org</u>. Fax to: (518) 486-1989 or (518) 473-0056. Or mail to: NYS & CSEA Partnership Corporate Plaza East – Suite 502, 240 Washington Ave. Ext. Albany, NY 12203

NOTE: Course registration deadlines are approximately two weeks before the first day of the class.