

ECSE Workshop Series
*Autism Visual Strategies and Tasks
For Beginners*

First session - October 16, 2008

Second session - November 12, 2008

Location: Webb Center

Participants must attend both sessions

October 16, 2008

Time: 4:00 p.m. - 6:00 p.m.

This session will review the basic principles involved when developing visual tasks and reasons for visual strategies for young children with autism. Participants will also have an opportunity to develop visuals for routines.

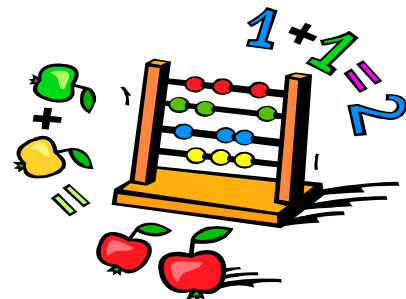
November 12, 2008

Time: 4:00 p.m. – 6:00 p.m.

Session Two is a Make It and Take. Participants will develop visual tasks that are appropriate for young children.

These workshops are appropriate for teachers who are just beginning to implement visual strategies and tasks in their classroom.

Sessions are limited to 25 participants.



**ECSE Workshop Series:
Autism Visual Strategies and Tasks for Beginners**

You MUST attend both sessions

- October 16, 2008
- November 12, 2008

Workshop confirmations will be mailed to the professional approximately 1 week prior to the first date.
Please register early, space is limited to 25 participants, first come, first serve.

Do you serve preschool children with developmental delays? Yes _____ No _____

Please Print or Type:

Name: _____

Position:

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrator, General Education | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Transition Coordinator |
| <input type="checkbox"/> Administrator, Special Education | <input type="checkbox"/> Parent/Family | <input type="checkbox"/> University Professor/Student |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Vocational Teacher Administrator |
| <input type="checkbox"/> Human Services Agency Staff | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Teacher, General Education | |
| <input type="checkbox"/> Other Related Service Provider | <input type="checkbox"/> Teacher, Special Education | |

School Name: _____

School Address: _____

City: _____ Zip Code: _____

School District: _____ School Phone Number: _____ () _____

School FAX Number _____ () _____ E-Mail: _____

You're Program Affiliation (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Adult Ed. /Family Literacy | <input type="checkbox"/> Occupational Child Care |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Even Start | <input type="checkbox"/> Preschool Initiative |
| <input type="checkbox"/> General/Regular Education | <input type="checkbox"/> Head Start | <input type="checkbox"/> Title 1 |
| <input type="checkbox"/> School Age Special Education | <input type="checkbox"/> Homeless | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Migrant Education | |

Students Disabilities You Serve:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Severe Disabilities |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Deaf Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Delayed | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> All of the Above |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Emotional Disturbance | |

All T TAC ODU workshops require pre-registration.

Please mail this form to:

ECSE Workshop Series
T-TAC ODU
Old Dominion University
860 44th Street
Norfolk, VA 23508
or FAX: (757) 683-3115