

ECSE Workshop Series

Early Childhood Special Education Network

First session - December 2, 2008

Second session - March 5, 2009

Location: Old Dominion University, Webb Center

Time: 4:00 p.m. – 6:00 p.m.

You do not have to attend both sessions.

These sessions are for ECSE teachers and paraprofessionals to get together, meet others, and share ideas for classroom use.

YOU decide the topics: Behavior strategies, embedding learning opportunities, taking data, inclusive practices and more.

Please indicate the topics you would like to discuss:

1. _____
2. _____
3. _____



Each session is limited to 15 participants

Registration

Early Childhood Special Education Network

Please check the session(s) that you plan to attend.

- December 2, 2008
 March 5, 2009

Workshop confirmations will be mailed to the professional approximately 1 week prior to the first date.
Please register early, space is limited to 15 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) 683-5833