

Thursday, November 6, 2008

Infant Mental Health Workshop

Cheryl Wietz, LCSW

**Atypical behavior
Strategies for early interventionists**

9:00 a.m. – 3:00 p.m.

Registration will begin at 8:30 a.m.

**Fredericksburg Hospitality House and Conference Center
(Formerly the Holiday Inn)
2801 Plank Road
Fredericksburg, VA 22401
(540) 736-1006**

Cost: \$10

(includes continental breakfast, lunch and workshop material)

Please include fee with registration form. This form will serve as your invoice.

***(Register early! Conference space is limited and registration is available on a first-come, first-serve basis.)
(Registration deadline: October 29, 2008. No On-Site Registrations, please. Cancellation/Refund deadline: October 29, 2008.)***



Registration

Infant Mental Health Workshop

Cost: \$10

(includes continental breakfast, lunch, and conference handouts)

(Register early! Conference space is limited and registration is available on a first-come, first-serve basis.)

Registration deadline: October 29. No On-Site Registrations.

Cancellation/Refund Deadline: Friday, October 29 – 757-683-4333

Please make \$10.00 check payable to: “ODURF 800453” and mail check to:

*Infant Mental Health
T-TAC ODU
Old Dominion University
Child Study Center, Room 224
Norfolk, VA 23529-0164*

*For payment questions, please contact Jean Bondy at jbondy@odu.edu
Please use “Infant Mental Health” as the subject line.*

Lunch Menu: Box Lunch

I require a vegetarian meal.

Conference confirmations will be mailed 1 week prior to the workshop. This form will serve as your invoice.

Do you serve preschool children with developmental delays? Yes No

Please print or type:

Name: _____

Position (check one):

- | | | |
|---|---|---|
| <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: _____

Your 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 (check all that apply):

- | | | |
|--|--|---|
| <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.

Overnight accommodations, travel expenses and dinner the day of the conference are the responsibility of the participant.