

MAKING IT WORK FOR EVERYONE!

SUPPORTING STUDENTS WITH AUTISM/ASPERGER'S SYNDROME IN THE GENERAL EDUCATION CLASSROOM

PRESENTER: CHARLENE WENTLAND

SPONSORED BY T-TAC ODU

(TRAINING AND TECHNICAL ASSISTANCE CENTER OLD DOMINION UNIVERSITY)

**CHOOSE ONE: DECEMBER 3, 2008- ELEMENTARY STUDENTS OR
DECEMBER 4, 2008- SECONDARY STUDENTS**

8:30 AM TO 4:00 PM (ONSITE CHECK-IN WILL BEGIN AT 8:00AM)

\$30.00 FEE PER SESSION

LOCATION: RAMADA INN AND CONFERENCE CENTER

5324 JEFFERSON DAVIS HIGHWAY, FREDERICKSBURG, VA 22408, (540) 898-1102

TARGET AUDIENCE: CO-TEACHING TEAMS ARE ENCOURAGED TO ATTEND TOGETHER AS THIS WILL BE AN INTERACTIVE WORKSHOP AND WE WILL EXPLORE THE IMPORTANCE OF COLLABORATIVE TEAM PLANNING. REGISTRATIONS WILL BE ACCEPTED IN TEAMS OF TWO AND THE TARGET AUDIENCE WILL BE SPECIAL EDUCATION TEACHERS, GENERAL EDUCATION TEACHERS, PARENTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS AND ADMINISTRATORS WHO WORK TO COLLABORATE IN THE INCLUSIVE SETTING FOR STUDENTS WITH AUTISM SPECTRUM DISORDER.

“MAKING IT WORK FOR EVERYONE!” WILL BE A WORKSHOP PROVIDING PARTICIPANTS WITH STRATEGIES TO BUILD A PROACTIVE CLASSROOM ENVIRONMENT FOR ALL STUDENTS AS WELL AS TO FURTHER ASSESS AND PLAN THE INDIVIDUALIZED SUPPORTS FOR STUDENTS WITH AUTISM SPECTRUM DISORDER. TOPICS INCLUDE DEFINING HIGH FUNCTIONING AUTISM AND ASPERGER'S SYNDROME, CREATING A POSITIVE CLASSROOM ENVIRONMENT WITH PROACTIVE PRACTICES THAT SUPPORT ALL STUDENTS, ASSESSING CHARACTERISTICS OF AUTISM FOR AN INDIVIDUAL STUDENT, AND DESIGNING INTERVENTIONS AND STRATEGIES FOR THE STUDENTS WITH AUTISM SPECTRUM DISORDER BASED ON THEIR INDIVIDUAL CHARACTERISTICS.

- **DAY 1** – EMPHASIS IS ON THE **ELEMENTARY** CLASSROOM: SENSORY, COMMUNICATION, SOCIAL SKILLS AND ACADEMIC PROACTIVE STRATEGIES.
OR
- **DAY 2** – EMPHASIS IS ON THE **SECONDARY** CLASSROOM WITH ADDITIONAL INFORMATION ON TRANSITION PLANNING, BULLYING, AND CHANGES AND STRESSORS THAT COME WITH ADOLESCENCE.

ABOUT THE PRESENTER:

CHARLENE WENTLAND IS A CONSULTANT AND OWNER OF LEARNING SOLUTIONS CONSULTING, INC. SHE CONSULTS WITH TEACHERS, ADMINISTRATORS AND OTHER PROFESSIONALS WHO SUPPORT STUDENTS WITH DISABILITIES IN THE CLASSROOM. SHE CREATES AND IMPLEMENTS STAFF TRAINING THROUGH WORKSHOPS, GROUPS AND COACHING SESSIONS. CHARLENE IS A FORMER SPECIAL EDUCATOR WITH OVER TEN YEARS EXPERIENCE WORKING WITH STUDENTS WITH AUTISM AS A CLASSROOM TEACHER, PROGRAM SUPPORT SPECIALIST, COORDINATOR, AND AN ASSISTANT DIRECTOR. SHE WORKS WITH TEACHERS IN K-12 SCHOOLS, REGIONAL PROGRAMS AND WITH FAMILY ORGANIZATIONS AND DISABILITY-RIGHTS GROUPS.

Registration Form

MAKING IT WORK FOR EVERYONE!

Supporting Students with Autism/Asperger's Syndrome in the General Education Classroom

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

Registration/cancellation deadline: 11/17/08 Fax number: 757-683-3115

No on-site registration, please! Each team member attending workshop must submit this form.

Please make check for 30.00 payable to "ODURF 800453" mail check with registration form to:

Making it Work

Old Dominion University T-TAC

Child Study Center, Room 224, Norfolk, VA 23529-0164

For registration questions, please contact Jean Bondy at jbondy@odu.edu or (757) 683-4333

Onsite Check-in will be from 8:30 a.m. to 9:00 a.m.

Please **check the date** you plan to attend:

December 3, 2008 (Elementary)

Lunch choices: Day 1: Lasagna Vegetarian lunch

December 4, 2008 (Secondary)

Lunch choices: Day 2: Baked chicken Vegetarian lunch

One week prior to the workshop date, confirmations will be mailed to the those who register. This form will serve as your invoice.

Please print or type:

Name: _____

Co-teaching partner: _____

Do you serve preschool children with developmental delays? Yes No

Position (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Teacher, Special Education | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Transition Coordinator |
| <input type="checkbox"/> Teacher, General Education | <input type="checkbox"/> Other Related Service Provider | <input type="checkbox"/> University Faculty |
| <input type="checkbox"/> Administrator, Special Education | <input type="checkbox"/> Paraeducator | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Administrator, General Education | <input type="checkbox"/> Parent/Family | <input type="checkbox"/> Pre-K – 12 Students |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Human Services Agency Staff | <input type="checkbox"/> Speech Pathologist | |

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