

Registration

Computer Workshop for Speech-Language Pathologists Hands-On with Workbook

Please select Morning OR

Old Dominion University Peninsula Center
600 Butler Farm Road
Hampton, VA
October 23, 2008
9:00 – 12:00

Afternoon:

Old Dominion University Peninsula Center
600 Butler Farm Road
Hampton, VA
October 23, 2008
1:00 – 4:00

Agenda:

8:30 –9:00 Registration
9:00 –9:30 Hardware
9:30 –10:30 Internet Resources
10:30 –10:45 Break
10:45 –11:45 Microsoft PowerPoint

Agenda:

12:30-1:00 Registration
1:00 –1:30 Hardware
1:30 –2:30 Internet Resources
2:30 –2:45 Break
2:45 –3:45 Microsoft PowerPoint

There is a limit of 25 participants for each session.
Complete this form and FAX to Jean Bondy at 451-6989 or send via email to jbondy@odu.edu.
For additional information, please contact Jennifer Mitchell 451-3031.



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 | |

