

presents
ASOL's Everyday: Planning Your Literacy Instruction

Friday, December 11, 2009

Presenters

Melissa Ainsworth, Special Education Teacher, Fairfax County, Virginia
Elizabeth Obester, Principal (and former SPED teacher), Fairfax County, Virginia

Target Audience: This workshop is appropriate for teachers of students with intellectual disabilities (**SD, MD, MR**) who are assessed through the **VAAP**. Elementary, middle, and high school teachers are invited to attend.

Description: Join Melissa and Elizabeth as they share strategies that will help You use the **ASOL's** to create a balanced literacy program. Participants will explore ways of incorporating the *Four Blocks Literacy Model* into **thematic units** with differentiation for diverse, Low incidence classrooms. Emphasis will be given to practical use of the **ASOL's** as a basis for literacy programming.

Cost \$25.00

(include with registration form)

Register Early! Registration limited to 100 participants.

9:00 a.m. to 3:00 p.m.

Registration will begin at 8:00 a.m.

Location: Newport News Marriott at City Center
740 Town Center Drive, Newport News, VA 23606



Registration

ASOL's Everyday: Planning Your Literacy Instruction

Friday December 11, 2009

(Register early! Conference space is limited and registration is available on a first-come, first-served basis.)
Registration deadline: 11/02/09. No On-Site Registrations. This form will serve as your invoice.

Cost: \$25.00

Continental breakfast, lunch, and workshop materials included

I prefer a vegetarian meal

Please make check for \$25.00 payable to: "ODURF 800451" and mail to:

T-TAC Old Dominion University

860 W. 44th Street, Norfolk, VA 23529 or fax to: (757) 451-6989

For payment questions, please contact Jean Bondy at [@odu.edu](mailto:jbondy@odu.edu)

Please use "ASOL's Everyday" as the subject line. 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):

Position (check one):

Administrator, General Education

Administrator, Special Education

Guidance Counselor

Human Services Agency Staff

Occupational Therapist

Other Related Service Provider

(LCSW, Sch. Psy., Nurse, Librarian)

Paraprofessional

Parent/Family

Physical Therapist

Speech Pathologist

Teacher, General Education

Teacher, Special Education

Transition Coordinator

University Faculty

College Student

Pre-K – 12 Student

Vocational Teacher Administrator

Other: _____

School Name: _____

School Address: _____

City: _____ Zip Code: _____

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

School FAX Number (____) _____ e-mail: _____

Your Program Affiliation (check all that apply):

Early Childhood Special Education

Early Intervention

General / Regular Education

School Age Special Education

Other

Adult Ed. / Family Literacy

Even Start

Head Start

Homeless

Migrant Education

Occupational Child Care

Preschool Initiative

Title 1

Students Disabilities You Serve (check all that apply):

ADD/ADHD

Autism

Deaf Blind

Deafness

Developmental Delayed

Hearing Impaired

Learning Disability

Intellectual Disability (formerly MR)

Multiple Disabilities

Other Health Impairment

Orthopedic Impairment

Emotional Disability (formerly ED)

Severe Disabilities

Speech/Language Impairment

Traumatic Brain Injury

Visual Impairment

All of the Above

All T- TAC ODU workshops require pre- registration.

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