



**T/TACs Old Dominion University
and
College of William and Mary**

present

Mission Possible: Proven Practices for Successful Inclusion

Friday, January 8, 2010

Presenter: Lisa Dieker, Ph.D.

University of Central Florida, Orlando

Target Audience: administrators, general educators, and special educators motivated and committed to leading their schools toward more comprehensive and inclusive education.

Dr. Dieker is a highly engaging speaker and educator with a passion for inclusion. She was the keynote speaker this past spring at the VCASE Conference and she is back by popular demand! Lisa will share strategies that are important for inclusion to be successful such as:

- | | |
|--|--|
| ● creating a school- wide culture | |
| ● developing interdisciplinary collaboration | ● implementing effective co- teaching |
| ● implementing successful evidence- based instruction | ● improving grading and assessment |

During the afternoon session, TTAC staff members will share information about forming school leadership teams who will participate in a four- part leadership series that will focus on building skills, action planning and implementing effective inclusive practices in their schools.

Biographical Information: Dr. Lisa Dieker is an experienced general and special education teacher and lead faculty with the Urban Special Education Leadership Collaborative. Lisa brings her rich experiences working in inclusive classrooms and schools, as well as her enthusiasm and love of teaching to her dynamic presentations. She is the author of *Demystifying Secondary Inclusion* and *Making Inclusion Work at the Secondary Level*, and *The Co-Teaching Lesson Plan Book*.

Cost: \$25.00

(includes: continental breakfast, lunch and workshop materials)

Time: 9:00 a.m. – 4:00 p.m.

**Location: Hilton Norfolk Airport Hotel
1500 N. Military Hwy., Norfolk, VA**

Registration

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(Register early! Conference space is limited to 125 maximum and registration is available on a first-come, first-served basis.) Registration deadline: December 21. No On-Site Registrations. Fax number: 451- 6989 Cancellation/Refund Deadline: Monday, December 21 (757) 683- 4333

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

T-TAC Old Dominion University

860 W. 44th St., Norfolk, VA 23529-0164

For payment questions, please contact Jean Bondy at @odu.edu

Please use "Mission Possible" as the subject line. This form will serve as your invoice.

Lunch Menu: TBA

I require a vegetarian meal

Conference confirmations will be mailed 1 week prior to the workshop

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 |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Human Services Agency Staff | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Pre-K-12 Student |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Teacher, General Education | <input type="checkbox"/> Vocational Teacher Administrator |
| <input type="checkbox"/> Other Related Service Provider | <input type="checkbox"/> Teacher, Special Education | <input type="checkbox"/> Other |

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 (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability(formerly Mental Retardation) | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> All of the Above |
| <input type="checkbox"/> Developmental Delayed | <input type="checkbox"/> Orthopedic Impairment | |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Emotional Disability | |

Overnight accommodations and travel expenses are the responsibility of the participant. This form will serve as your invoice.