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## Make and Take for K - 3<sup>rd</sup> Special Education Teachers – ASOL's and Foundation Blocks for Science and Social Studies

*Tuesday, November 17, 2009*

### ***Presenter***

Dr. Vicki Patterson, Special Education Teacher serving students with autism  
Norfolk Public Schools

**Target Audience:** This workshop is appropriate for Pre-K through 3<sup>rd</sup> grade Special Education Teachers serving students with Autism Spectrum Disorders or Significant Intellectual Disabilities who are being assessed through the VAAP.

**Description:** Join Dr. Vikki Patterson for a review of hands-on activities as they pertain to the *Virginia Aligned Standards of Learning* for grades K-3 or *Virginia's Foundation Blocks for Early learning: Comprehensive Standards for Four-Year-Olds*. The workshop will provide a show and tell mini-session for participants to see the activities that Dr. Patterson has incorporated into her classroom serving students with Autism Spectrum Disorders. The remainder of the session will be hands-on make-and-take opportunities for participants who will walk away with **two science** and **two social studies** activities for their classrooms.

**Cost \$25.00**

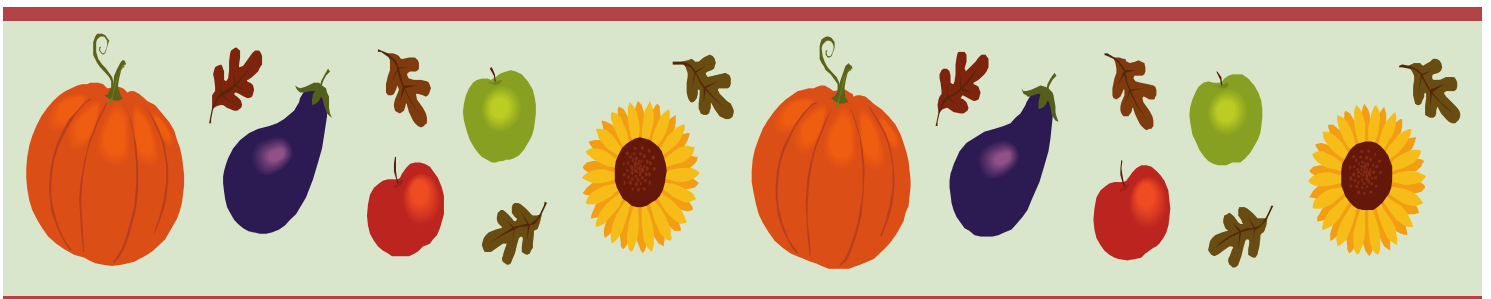
(include with registration form)

Register Early! Registration limited to 30 participants.

**4:00 p.m. to 6:00 p.m.**

Registration will begin at 3:30 p.m.

Location: Old Dominion University Webb Center, Norfolk, VA



# Registration

## Make and Take for K-3 Special Education Teachers – ASOL’s and Foundation Blocks for Science and Social Studies

Tuesday November 17, 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**

Afternoon snack and workshop materials included

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

T-TAC Old Dominion University

860 W. 44<sup>th</sup> 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 “Make & Take Science & Social Studies” 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):

- |  |   |   |
|--|---|---|
| <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 Faculty               |
| <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<br>(LCSW, Sch. Psy., Nurse, Librarian) | <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: \_\_\_\_\_

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"/> intellectual Disability (formerly MR) | <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"/> <b>All of the Above</b>    |
| <input type="checkbox"/> Hearing Impaired      | <input type="checkbox"/> Emotional Disability                  |   |

**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