

*presents*

***Let's Play Together:  
Encouraging Interactive Play in Children with Autism***

***Tuesday, February 21, 2012***

**Presenter:** Dana Childress  
*Program Specialist in Early Intervention  
Partnership for People with Disabilities*

**Target Audience:** Early Intervention Providers, Preschool Teachers, Paraprofessionals, Administrators

**Description:** *We know children learn best through play, but what if they don't know how? A child's ability to initiate and sustain play interactions with peers not only promotes their engagement and learning, but serves as a precursor for their participation in future educational environments. This interactive session will provide information about characteristics of play in young children, birth through 5 years, who have autism spectrum disorder. Video clips and discussion will be incorporated into the session so participants leave with practical strategies for engaging children in play, and planning ideas they can use when working with children and families.*

**Cost: \$10**

(includes snack and workshop materials)

**Time: 4:00-6:00 p.m.**

Registration will begin at 3:30

**Location:**

Webb Center  
Old Dominion University  
1200 Webb Center  
Norfolk, VA 23529

*\*Free Parking in Parking Plaza at Webb Center\**

# Registration

## *Let's Play Together*

**Tuesday, February 21, 2012**

**Cost \$10.00**

(includes snack and workshop materials)

**February 21, 2012: [https://events.membersolutions.com/event\\_detail.asp?content\\_id=28829](https://events.membersolutions.com/event_detail.asp?content_id=28829)**

**Or please mail this form and a check for \$10 payable to "ODURF 800451":**

*Let's Play Together*

*T-TAC ODU, Old Dominion University*

*860 W. 44<sup>th</sup> St.*

*Norfolk, VA 23529-0164*

**For payment questions, please contact *Debie McCracken* at [rmccrack@odu.edu](mailto:rmccrack@odu.edu)**

**Please use "Let's Play Together" as the subject line.**

**Registration and Refund Deadline: February 14, 2012**

Do you serve preschool children with developmental delays?      Yes                      No

**Please Print or Type:**

Name: \_\_\_\_\_

Position:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administrator, General Education | <input type="checkbox"/> Paraprofessional           | <input type="checkbox"/> Teacher, Special Education     |
| <input type="checkbox"/> Administrator, Special Education | <input type="checkbox"/> Parent/Family              | <input type="checkbox"/> Transition Coordinator         |
| <input type="checkbox"/> College Student                  | <input type="checkbox"/> Physical Therapist         | <input type="checkbox"/> University Professor           |
| <input type="checkbox"/> Guidance Counselor               | <input type="checkbox"/> Pre K-12 Student           | <input type="checkbox"/> Vocation 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 |   |

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:

- |  |  |   |
|--|--|---|
| <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.**

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