

presents

***Collaboration in the Preschool Classroom:
Steps to a Healthy Marriage (to your paraprofessional)***

Tuesday, March 13, 2012

Presenter: Diane Postman
*Early Childhood Consultant
Veteran ECSE Teacher*

Target Audience: Preschool Teachers, Paraprofessionals, Administrators

Description: Sometimes referred to as an “arranged marriage”, the partnership between a teacher and paraprofessional is important for a positive and productive classroom climate. This session will address the necessity for a close working relationship between paraprofessionals and teachers. Tried-and-true methods for enhancing a professional partnership will be presented and discussed. Examples of techniques to be discussed include daily communication, weekly conferencing, shared input into classroom planning, and shared data collection.

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

Registration

Steps to a Healthy Marriage (to your paraprofessional)

Tuesday, March 13, 2012

Cost \$10.00

(includes snack and workshop materials)

March 13, 2012: https://events.membersolutions.com/event_detail.asp?content_id=28830

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

Steps to a Healthy Marriage
T-TAC ODU, Old Dominion University
860 W. 44th St.

Norfolk, VA 23529-0164

For payment questions, please contact Dedie McCracken at rmccrack@odu.edu

Please use "Steps to a Healthy Marriage" as the subject line.

Registration and Refund Deadline: March 6, 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"/> All of the Above |
| <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.