

presents

Visual Tasks: Make It/Take It

Tuesday, February 16, 2010

Presenter

Kristen Ingram, Early Childhood Special Education Teacher

Target Audience: early childhood staff who are working with children who need visual supports.

Description: This workshop will explore the principles for developing visual tasks with children with autism spectrum disorder. Participants will determine the type of task to make and will have time to put it together. Materials will be provided but please bring a shoe box, egg cartons, Pringles™ cans or even paper plates.

Cost \$20.00

(afternoon snack and materials included)

Register Early! Registration limited to 25 participants

4:30 p.m. to 6:30 p.m.

Registration will begin at 4:00 p.m.

Location: Old Dominion University
Webb Center in the Isle of Wight Room
Norfolk, VA



Registration

Visual Task: Make It/Take IT

Tuesday, February 16, 2010

(Register early! Conference space is limited to 25, registration is available on a first-come, first-served basis.)
Registration deadline: 2/10/10. No On-Site Registrations. This form will serve as your invoice.

Cost: \$20.00

(afternoon snack and workshop materials included)

Please make check for \$20.00 payable to: "ODURF 800453" and mail to:

T-TAC Old Dominion University

860 W. 44th Street, Norfolk, VA 23529

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

Please use "Visual Tasks" 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):

- Administrator, General Education
- Administrator, Special Education
- Guidance Counselor
- Human Services Agency Staff
- Occupational Therapist
- Other Related Service Provider

- Paraprofessional
- Parent/Family
- Physical Therapist
- Speech Pathologist
- Teacher, General Education
- Teacher, Special Education

- Transition Coordinator
- University Professor/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
- 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