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Partners in Learning: A Virtual Professional Learning Community (PLC)

For

Building a Framework of Positive, Proactive and Instructional Practices in the Classroom

Day 1: Wednesday, December 16, 2009

Day 2: Wednesday, February 10, 2010

Day 3: Wednesday, April 14, 2010



Participants who attend the 3-part series, *Building a Framework of Positive, Proactive and Instructional Practices in the Classroom*, are offered opportunities to work together as virtual "Partners in Learning". This online professional learning community will provide follow-up that is designed to meet identified needs of participants. Further information will be provided at the end of each training day

Time: After School Hours, To Be Announced

Location: Virtual Event

Note: Participation is limited to those who attend days 1, 2 or 3 of the series. Space will be limited to 50 participants and preference is given to those who plan to attend all 3 days.

Registration

Partners in Learning: A Virtual Professional Learning Community (PLC)

<input type="checkbox"/> Please check here if you are planning to attend all three sessions	Please check the session(s) you are planning to attend, if not attending all 3 sessions
<input type="checkbox"/> December 16, 2009; Virtual Event <input type="checkbox"/> February 10, 2010; Virtual Event <input type="checkbox"/> April 14, 2010; Virtual Event	<input type="checkbox"/> December 16, 2009; Virtual Event <input type="checkbox"/> February 10, 2010 Virtual Event <input type="checkbox"/> April 14, 2010; Virtual Event

confirmations will be mailed to the professional approximately 1 week prior to the first date.

Please mail this form for each session

*Partners in Learning
T-TAC ODU
Old Dominion University
860 W. 44th St.
Norfolk, VA 23529-0164*

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

Please use "Partners in Learning" as the subject line.

Registration Deadline: December 4, 2009

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"/> 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"/> Vocation 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: _____

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.