

*presents*  
***Building A Framework of Positive, Proactive Behavioral  
and Instructional Practices in the Classroom***

Presenters: Laura Beller, Curriculum & Instruction Specialist, T-TAC ODU  
Kim Yanek, ESD Instruction & Behavior Specialist, T-TAC ODU

Targeted Audience: Professional development opportunities for K-12 educators with students with disabilities.

Participants will learn to build a framework of tiered supports and evidence-based practices to design classrooms including: *What we do for ALL students, what we do for SOME students, and what we do for a FEW students.* These opportunities will address both academic and behavioral issues simultaneously in a systematic manner.

Participants will explore specific practices designed to create an effective learning environment. Topics will include using positive, proactive and instructional practices around behavior and academics. Facilitators will offer participants additional opportunities to work together online as virtual “Partners in Learning,” see flyer, Partners in Learning, for additional information.

Be sure to identify on the registration form if you are planning to attend **all three sessions**. Preference will be given to those registering for all three days of series.

**Day 1 – Wednesday, December 09, 2009**

***For All Students***

***Building a Foundation of Academic and Behavioral  
Evidence-Based Practices to Support the Needs of All Students:  
A Day with Terry Scott and Amy Lingo***

Location: Newport News Marriott at City Center, Newport News

Time: 9:00 a.m. – 4:00 p.m.

Continental breakfast and lunch will be provided.

Fee: \$35.00



**Day 2 – Tuesday, January 12, 2010**

***Tier Two for Some Students***

***Academic and Behavioral Evidence Based Practices to Support  
the Needs of Some Students Needing Targeted Support***

Location: Peninsula Work Force Development Center, 600 Butler Farm Rd., Hampton

Time: 9:00 a.m. – 3:00 p.m.

Continental breakfast and lunch will be provided.

Fee: \$25.00



**Day 3 – Tuesday, March 23, 2010**

***Academic and Behavioral Supports the Needs of a  
Few Students Needing More Intensive Support***

Location: Peninsula Work Force Development Center, 600 Butler Farm Rd., Hampton

Time: 9:00 a.m. – 3:00 p.m.

Continental breakfast and lunch will be provided.

Fee: \$25.00



# Registration

## Building A Framework of Positive, Proactive Behavioral and Instructional Practices in the Classroom

<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 9, 2009; (Fee: \$25), Newport News Marriott <input type="checkbox"/> January 12, 2010; (Fee: \$25), Peninsula Deve. Center <input type="checkbox"/> March 23, 2010; (Fee: \$25), Peninsula Deve. Center	<input type="checkbox"/> December 9, 2009; (Fee: \$25), Newport News Marriott <input type="checkbox"/> January 12, 2010; (Fee: \$25), Peninsula Deve. Center <input type="checkbox"/> March 23, 2010; (Fee: \$25), Peninsula Deve. Center

Cost \$25.00 per session

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

**Please mail this form and a check for \$25 for each session payable to "ODURF 800451:**

*Building a Framework  
T-TAC ODU  
Old Dominion University  
860 W. 44<sup>th</sup> St.  
Norfolk, VA 23529-0164*

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

**Please use "Building A Framework" as the subject line.**

**Registration and Refund Deadline: October 26, 2009**

**Box Lunch:**  Day 1  Day 2  Day 3  
**I would like a vegetarian lunch for:**  Day 1  Day 2  Day 3

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"/> <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