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Make and Take for K – 3rd Special Education Teachers – ASOL's and Foundation Blocks for Science and Social Studies

Tuesday, November 17, 2009

Presenter

Dr. Vicki Patterson, Special Education Teacher serving students with autism
Norfolk Public Schools

Target Audience: This workshop is appropriate for Pre-K through 3rd grade Special Education Teachers serving students with Autism Spectrum Disorders or Significant Intellectual Disabilities who are being assessed through the VAAP.

Description: Join Dr. Vikki Patterson for a review of hands-on activities as they pertain to the *Virginia Aligned Standards of Learning* for grades K-3 or *Virginia's Foundation Blocks for Early learning: Comprehensive Standards for Four-Year-Olds*. The workshop will provide a show and tell mini-session for participants to see the activities that Dr. Patterson has incorporated into her classroom serving students with Autism Spectrum Disorders. The remainder of the session will be hands-on make-and-take opportunities for participants who will walk away with **two science** and **two social studies** activities for their classrooms.

Cost \$25.00

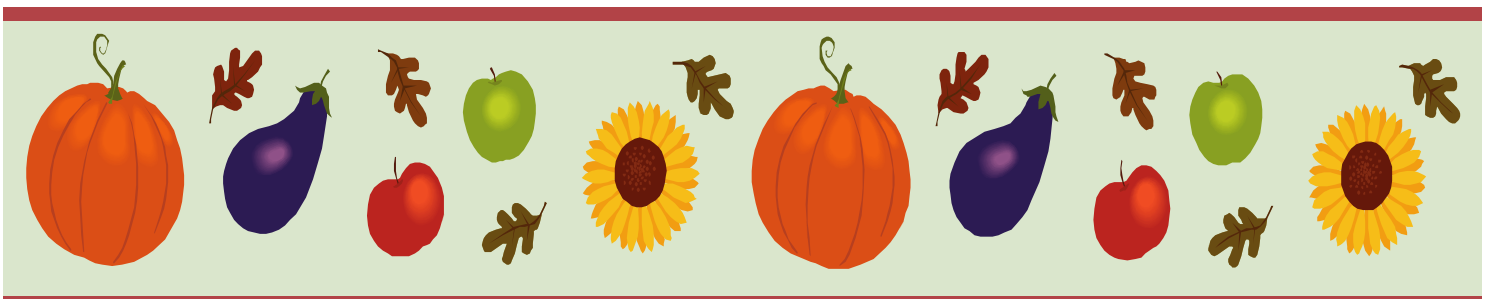
(include with registration form)

Register Early! Registration limited to 30 participants.

4:00 p.m. to 6:00 p.m.

Registration will begin at 3:30 p.m.

Location: Old Dominion University Webb Center, Norfolk, VA



Registration

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Tuesday November 17, 2009

*(Register early! Conference space is limited and registration is available on a first-come, first-served basis.)
Registration deadline: 11/02/09. No On-Site Registrations. This form will serve as your invoice.*

Cost: \$25.00

Afternoon snack and workshop materials included

Please make check for \$25.00 payable to: "ODURF 800453" and mail to:

T-TAC Old Dominion University

860 W. 44th Street, Norfolk, VA 23529 or fax to: (757) 541-6989

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

Please use "Make & Take Science & Social Studies" 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):

- | | | |
|--|---|---|
| <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 Faculty |
| <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"/> Vocational Teacher Administrator |
| <input type="checkbox"/> Other Related Service Provider
(LCSW, Sch. Psy., Nurse, Librarian) | <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 (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Severe Disabilities |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Retardation | <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 Disturbance | |

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