

Region 2 T-TAC ODU Workshop Registration Form

I plan to attend the following events:

- | | |
|---|--|
| <input checked="" type="radio"/> Nov. 13 (Free) | Team Building: Tools for Building Relationships and Enhancing Partnerships |
| <input checked="" type="radio"/> Nov. 18 (Free) | Putting the Pieces Together: Augmentative Communication + Visual Strategies for Children with Autism |
| <input type="radio"/> Feb. 3 (Free) | Open Forum |

Workshop confirmations will be mailed to the professional approximately 1 week prior to the workshop.

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/Student |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Vocational 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 | |
| <input type="checkbox"/> Other Related Service Provider | <input type="checkbox"/> Teacher, Special 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"/> 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.

Please mail this form to:

Workshops
T-TAC ODU
Old Dominion University
Child Study Center, Room 224
Norfolk, VA 23529-0164
or FAX: (757) 683-3115.