

Preschool/Early Childhood 2010 Workshops

LRC South at EIRC, 606 Delsea Drive, Sewell, NJ 08080

(856)-582-7000-Phone (856)-582-4323-Fax

REGISTRATION INFORMATION

Please complete and return ENTIRE FORM to: **LRC-South Preschool Workshops, 606 Delsea Drive, Sewell, NJ 08080** with registration fee. (Check or Purchase Order payable to EIRC/LRC). *If paying by district voucher, payment must be received no later than one week before the workshop.* All fax registrations must include a copy of the purchase order or purchase order number. Because registration is limited and determined on a **first-come, first-served basis**, we recommend that you **register early**. **Confirmations will be sent by E-mail so please be sure to include your E-mail address.** If you have not received a confirmation email please call Diane Lehnowsky at 856-582-7000 ext. 159. Registration fee for full day workshops includes: lunch and materials. **We will not be able to provide breakfast, but please feel free to bring your own morning refreshments.** Sign-in is between 9:00-9:30 AM.

Please check workshop(s) you wish to attend:

	<u>WORKSHOP TITLES</u>	<u>DATES</u>	<u>FEE PER PERSON</u>	<u>TIME</u>
___1.	Transitioning Preschoolers with Disabilities to General Education Kindergarten Programs	02/17/10	\$11.00	9:30-3:00
___2.	Developing Meaningful IEPs for Preschoolers with Disabilities in General Education Programs	03/09/10	\$11.00	9:30-3:00
___3.	Decision Making in the IEP Process: Focus on the Least Restrictive Environment (Ages 3-5)	03/16/10	\$11.00	9:30-3:00
___4.	Effective Use of Teachers Aide Supports in the Inclusive Preschool Classroom TEAMS	04/13/10*	\$11.00	9:30-3:00

Total enclosed: _____

*NOTE: For workshop #4 please include team registrations together in one envelope.

PLEASE NOTE: We anticipate that LRC-South will be moving to the Mullica Hill area in January of 2010. We will notify workshop registrants of our change of address once we have relocated.

For directions go to www.nj.gov/education/lrc

Name _____

Home address _____

City, State, Zip _____

Phone (H) _____ Phone (W) _____

District _____ County _____

E-mail address _____

(Confirmations will be sent by E-mail so please include your E-mail address and please print clearly.)

Special assistance required _____

(e.g. Interpreter for the hearing impaired - 3 weeks notice)

Position: ___ Special education teacher
___ General education teacher
___ Administrator
___ Related services personnel
___ CST member
___ Parent
___ Other

Check # _____ PO # _____