



SUMMER 2008 AUTISM INTENSIVE

EFFECTIVE PRACTICES FOR PRESCHOOL AGED CHILDREN WITH AUTISM SPECTRUM DISORDERS

Northwest Autism Center invites area educators and related service providers to attend our week-long **SUMMER 2008 AUTISM INTENSIVE**. This year's training program is modeled after the Summer Institute offered by the University of Washington Autism Center, and will be taught by Drs. Ilene Schwartz and Felice Orlich from UW, in collaboration with NAC's Domino Project Preschool Director, Shira Ackerman. The course presents current, evidence-based practices in early intervention services for children affected with autism spectrum disorders. Participating school teams will receive hands-on instruction opportunities and regular on-site and phone consultation for the 2009 school year.

SUMMER 2008 AUTISM INTENSIVE

WHEN: *Preference 1: July 28 – August 1*
Preference 2: August 4 – August 8
9am – 4pm daily

WHERE: *Eastern Washington University in Cheney, WA*

COST: *School teams \$350.00 per person*
Individuals for lectures only \$175.00 per person

- *School teams of four may send a fifth team member free of charge*
- *Space is limited to 30 participants for each of the weeks offered*
- *Continuing Education Credits and Clock Hours will be available for an additional fee through Eastern Washington University.*
- ***For more information, call Domino Project Director Shira Ackerman at 509.359.4961***

TOPICS...

- CHARACTERISTICS OF AUTISM SPECTRUM DISORDERS
- RESEARCH-BASED EARLY INTERVENTION APPROACHES
- INSTRUCTIONAL PRINCIPLES AND ARRANGEMENTS
- DATA COLLECTION
- ASSESSMENT
- OBSERVATION/INSTRUCTIONAL OPPORTUNITIES IN THE DOMINO PROJECT PRESCHOOL (FULL PROGRAM PARTICIPANTS ONLY)

REGISTRATION DEADLINE: MONDAY, JUNE 9

REGISTRATION FORM

Name: _____

Organization/School District: _____

Educator SLP OT PT Paraeducator Other: _____

Address: _____

Phone: _____ - _____ - _____ Email: _____

Week Preference: July 28 – August 1 August 4 – August 8

Interested in receiving CE credits or Clock Hours yes no

Method of Payment (see price range above)

 Check (payable to Northwest Autism Center)

 Visa MasterCard _____ - _____ - _____

 Exp. Date ____ / ____

 Name (as is appears on the card) _____

PLEASE RETURN REGISTRATION FORMS AND PAYMENT TO:

NORTHWEST AUTISM CENTER ATTN: DIANE KANN 127 W BOONE AVE SPOKANE, WA 99201
509.328.1582 INFO@NWAUTISM.ORG WWW.NWAUTISM.ORG