



TEACCH LEVEL TWO SEMINAR

*For Professionals Who Have
Completed the Basic 5 Day TEACCH Training*

Two Sessions Available:

January 7-10, 2008 OR September 15-18, 2008

Sponsored by
Division TEACCH
(Treatment and Education
of Autistic and related
Communication handicapped
Children)
The University of
North Carolina
At Chapel Hill
Director,
Gary B. Mesibov, Ph.D.



Training Staff:

Roger Cox, Ph.D., Training Director
Susan Boswell, Training Staff

***THE RESIDENCE INN BY MARRIOTT
CHAPEL HILL, NORTH CAROLINA***

TARGET AUDIENCE

This course is designed for teachers, teaching assistants, speech therapists, occupational therapists, psychologists, or other professionals who have previously participated in the 5 day intensive TEACCH Training Program.

BACKGROUND

Since 1972, Division TEACCH has coordinated the nation's largest statewide public based educational and treatment programs for children with autism and related communication disorders. With current practices emphasizing least restrictive settings, children with autism and other severe learning, behavior, and communication problems are being served in a wide variety of public and private settings, thus creating a need for in-service training activities for teachers, teaching assistants, speech and occupational therapists, and parents. In recent years, TEACCH has made its training available to teachers and others from around the world.

GOALS AND OBJECTIVES

- To provide advanced training for professionals who have completed the basic 5 day TEACCH Training.
- Build competence in screening and identification of people with autism and related disorders
- Develop presentation skills in explaining intervention methods
- Foster team-building skills in developing collaborative efforts in expanding and implementing autism services
- Enrich consultation skills in assessing and advising professionals about program development
- Develop direct service skills for the full range of persons with autism and related disorders

REGISTRATION AND FEES

Space is limited. Applications must be received by **November 9, 2007 (for January session) and by July 1, 2008 (for September session)**. Admission is made on a **first-come, first-served basis**. Tuition is \$775.00. This fee includes all course materials, dinner Monday, and lunches on Tuesday, Wednesday, and Thursday. Checks should be made payable to **"UNC - Division TEACCH."**

ACCOMMODATIONS

Overnight rooms have been blocked at the following hotels:
The RESIDENCE INN BY MARRIOTT – CHAPEL HILL.

For more information, please see the hotel website:
<http://www.marriott.com/hotels/travel/rduhl-residence-inn-chapel-hill/>

A special TEACCH Training rate of \$ \$129 per suite is available.
Further details will be mailed with your confirmation materials.

TRAVEL

Chapel Hill is served by Raleigh-Durham International Airport (RDU). Ground transportation is available at the airport **it is recommended that participants have cars.**

CANCELLATION POLICY

Registration fees include a non-refundable administrative charge of \$25. A refund of the registration fee (less \$25) will be processed for cancellations received more than one week prior to the training start date. Cancellations received less than one week prior to the training start date will not be refunded.

For More Information:

Training Coordinator,
TEACCH Division, UNC-CH
Phone: 919-966-4126 Fax: 919-966-4127
E-mail: alice_wertheimer@med.unc.edu

PRE-REQUISITE

Completion of the Level 1 Session in North Carolina

APPLICATION FORM

TEACCH LEVEL TWO SEMINAR

January 7-10, 2008 or September 15-18, 2008

Type or print CLEARLY

Title Dr. Mr. Ms. Miss Mrs.

Name _____

Home address _____
Street City State Zip Code

Place of employment _____

Work address _____
Street City State Zip Code

Home Phone _____ Work Phone _____

Email address (print clearly!) _____

Fax # _____

Current Position _____

How long have you been in your current position? _____

Name and phone number of Administrator _____

(or person responsible for your tuition payment)

Types of disabilities in your program _____

Number of people with autism in your program _____

Age range _____ IQ range or functioning level _____

Degree(s) you hold _____ University _____

Where and when did you attend TEACCH Classroom Training?

Name of TEACCH staff who led the training _____

Do you have any special needs or require special assistance?

Vegetarian? ____yes ____no

How did you learn of this training program? _____

Please return your completed application form
with tuition check by
November 9, 2007 (for January Session)
or
July 1, 2008 (for September Session) to:

Training Coordinator
TEACCH Division
CB #7180
University of North Carolina - Chapel Hill
Chapel Hill, NC 27599-7180

Make checks for \$775 payable to:
UNC-Division TEACCH
Purchase Orders also accepted

Payment must include name of the participant

U.S. currency only please – checks drawn on U.S. banks

**Notification of acceptance to this training will be made within a few weeks of receipt
of your application**

Thank you!

ESSAY QUESTION:

Why do you want to attend this training? Please be specific. Describe what you expect to learn from training, your strengths, weaknesses and particular needs. Use a separate sheet of paper and attach to application.