



Maximize Your Touch Using Ipad/Ipods Special Education Emphasis

December 16, 2011

This workshop will investigate the use of mobile computing devices within the special education classroom. Apple's iPod Touch and iPad are opening new opportunities for access to personal apps (applications) for communication, access to news, e-texts, and support of the curriculum! The PluseSmartPen from Livescribe offers a tool for capture of lectures, directions, way for collaboration through the web based tool and an alternative note taking solution for students with limited mobility! This workshop will provide an opportunity for exploration of educational and communication applications for the iPod Touch, iPad and SmartPen!



**20 ipads
will be
available
for use**

Participants will:

- be able to locate and evaluate an assortment of applications for iPod Touch and iPad for use within the special education curriculum,
- become aware of potential issues involving use of mobile computing technologies within the classroom,
- become familiar with potential use of SmartPen within the curriculum.

For Additional Information Contact:

Paula Walser, Director of E-Learning - CESA 6 - 920.236.0541 or pwalsler@cesa6.org

Registration Details:

- **Date:** December 16, 2011
- **Registration Fee:**
 - ✓ \$150.00 per participant
 - ✓ Fee includes materials, continental breakfast and lunch
- **Time:** 9:00 a.m. - 3:00 p.m. (Registration 8:45 a.m. - 9:00 a.m.)
- **Location:**
CESA 6 Office 2300 State Road 44 · Oshkosh WI 54903
- **Registration Deadline:** December 9, 2011 (one week prior to event)
- **To register:** visit http://www.cesa6.k12.wi.us/prof_dev/

Cancellation Policy: Any workshop registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions has to be limited, persons registering and not in attendance on the day of the session will be charged the full registration fee.

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CESA 6 - Large Conference Room
December 16, 2011

Please check one:

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # _____
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Participant Name(s) _____

Position(s) _____

District _____

Phone (Work) _____

(Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____

Special accommodations or dietary needs _____

To Register: Go to http://www.cesa6.k12.wi.us/prof_dev/ or send completed form to:

Debbie Pinkerton, Program Assistant,
CESA 6, PO Box 2568, Oshkosh, WI 54903-2568, Fax: 920-424-3478

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____

3 Digit Code on Back of Card _____