



# Educational Programming and Instructional Strategies for Students with Autism Spectrum Disorder

February 14, 2013 • 8:30 a.m. - 3:30 p.m.

## Description

This workshop will provide participants with a “best practice” approach for designing and implementing appropriate educational programs for students with autism spectrum disorder (ASD). This “best practice” approach takes into consideration the unique features and characteristics of ASD, and allows for implementation of a variety of instructional strategies utilizing the student’s strength in processing visual information. Numerous examples of how to organize various educational environments to increase comprehension and independent functioning for the student with ASD will be given. A particular focus of this workshop will be how to set up instructional contexts, including tasks and the environment that are conducive to the learning style of students with ASD. In addition, numerous easy to make visual instructional support strategies for immediate use will be shown to address the various features and characteristics of ASD.

Teacher Standards: WTS2, WTS3, WTS7 and State Performance Plan Indicator: IND7

## Workshop Objectives:

- Develop an understanding of a “best practice” approach for designing an appropriate educational program for students with ASD.
- Learn how to effectively organize various educational environments to increase comprehension and independent functioning for students with ASD.
- Learn how to set up instructional contexts to meet the learning style of students with ASD.
- Learn how to use various visual instructional strategies to address the features and characteristics of ASD.

## Who should attend?

Education and community professionals, parents and family members who support children with ASD. Special rates available for parents/family members. Contact Paula Starr for details.

**Prerequisite:** Prior training in understanding the features and characteristics of ASD.

**For additional information contact:** Paula Starr at [pstarr@cesa6.org](mailto:pstarr@cesa6.org)/920-236-0567

**Graduate Credit:** 1 graduate credit available through UW Oshkosh for an additional fee of \$200.00. For **each** credit participant must attend **two** of the autism related courses and complete the assigned coursework.

**Cancellation Policy:** Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

### Registration Details

- **Date:** February 14, 2013
- **Registration Fee:**
  - ✓ \$175.00 per participant
  - ✓ Fee includes materials, continental breakfast and lunch
- **Time:** 8:30 a.m. - 3:30 p.m.
- **Onsite check-in:** 8 a.m.
- **Presented by:** Susan Stokes
- **Location:**

CESA 6 Conference Center  
Solutions Center  
2300 State Road 44  
Oshkosh, WI 54904
- **Online registration:**

[http://cesa6.org/prof\\_dev/](http://cesa6.org/prof_dev/)



## Educational Programming and Instructional Strategies for Students with Autism Spectrum Disorder February 14, 2013

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:** [http://cesa6.org/prof\\_dev/](http://cesa6.org/prof_dev/) or send completed form to:  
Paula Starr, Program Assistant, CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478

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

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 \_\_\_\_\_