Distance Learning Registration Form

Name: ____________________________________________

Profession (circle one): Parent/Guardian Grandparent Community professional
Teacher Paraprofessional SLP OT PT Other____________________________
School Psychologist Social Worker School Counselor School Administrator

Organization: ________________________________________________
Street: ______________________________ City: _______________Zip Code: ___________
County: ________________________ Email: ____________________________
Phone: ________________________

Please indicate which session(s) you wish to view:

Replacing Challenging Behaviors & Improving Quality of Life for Individuals with ASD through Functional Communication Training

Promoting Successful Transitions from Secondary School to Post-Secondary School or Employment for Individuals with ASD

Paraprofessional Session 1: Understanding Autism Spectrum Disorders

Paraprofessional Session 2: Thinking Differently: Keys to Understanding Students with ASD’s Strengths & Needs in the Classroom

Paraprofessional Session 3: Introduction to Positive Behavior Supports

Paraprofessional Session 4: Creating Visual & Environmental Classroom Supports for Students with ASD

Paraprofessional Session 5: Supporting the Student with ASD: Your Role as A Para-Professional